

Appendix C: Participant Services

Appendix C-1/C-3: Summary of Services Covered and Services Specifications

C-1-a. Waiver Services Summary. Appendix C-3 sets forth the specifications for each service that is offered under this waiver. *List the services that are furnished under the waiver in the following table. If case management is not a service under the waiver, complete items C-1-b and C-1-c:*

Statutory Services <i>(check each that applies)</i>		
Service	Included	Alternate Service Title (if any)
Case Management	<input type="checkbox"/>	
Homemaker	<input type="checkbox"/>	
Home Health Aide	<input type="checkbox"/>	
Personal Care	<input type="checkbox"/>	
Adult Day Health	<input type="checkbox"/>	
Habilitation	X	Personal Supports
Residential Habilitation	<input type="checkbox"/>	
Day Habilitation	<input type="checkbox"/>	
Prevocational Services	<input type="checkbox"/>	
Supported Employment	<input type="checkbox"/>	
Education	<input type="checkbox"/>	
Respite	X	Respite Care Services
Day Treatment	<input type="checkbox"/>	
Partial Hospitalization	<input type="checkbox"/>	
Psychosocial Rehabilitation	<input type="checkbox"/>	
Clinic Services	<input type="checkbox"/>	
Live-in Caregiver (42 CFR §441.303(f)(8))	<input type="checkbox"/>	
Other Services <i>(select one)</i>		
○	Not applicable	
X	As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional services not specified in statute <i>(list each service by title)</i> :	
a.	Assistive Technology and Services	
b.	Behavioral Support Services	

State:	
Effective Date	

c.	Environmental Assessment									
d.	Environmental Modifications									
e.	Family and Peer Mentoring Supports									
f.	Family Caregiver Training & Empowerment Services									
g.	Housing Support Services									
h.	Individual & Family Directed Goods and Services									
i.	Participant Education, Training, & Advocacy Supports									
j.	Support Broker Services									
k.	Transportation									
l.	Vehicle Modifications									
m.	Nurse Consultation									
n.	Nurse Case Management and Delegation Services									
Extended State Plan Services (select one)										
<input checked="" type="checkbox"/>	Not applicable									
<input type="checkbox"/>	The following extended State plan services are provided (list each extended State plan service by service title):									
a.										
b.										
c.										
Supports for Participant Direction (check each that applies)										
<input type="checkbox"/>	The waiver provides for participant direction of services as specified in Appendix E. The waiver includes Information and Assistance in Support of Participant Direction, Financial Management Services or other supports for participant direction as waiver services.									
<input checked="" type="checkbox"/>	The waiver provides for participant direction of services as specified in Appendix E. Some or all of the supports for participant direction are provided as administrative activities and are described in Appendix E.									
<input type="checkbox"/>	Not applicable									
	<table border="1"> <thead> <tr><th>Support</th><th>Included</th><th>Alternate Service Title (if any)</th></tr> </thead> <tbody> <tr><td>Information and Assistance in Support of Participant Direction</td><td>X</td><td>Support Broker Coordinator of Community Services</td></tr> <tr><td>Financial Management Services</td><td>X</td><td>Fiscal Management Services</td></tr> </tbody> </table>	Support	Included	Alternate Service Title (if any)	Information and Assistance in Support of Participant Direction	X	Support Broker Coordinator of Community Services	Financial Management Services	X	Fiscal Management Services
Support	Included	Alternate Service Title (if any)								
Information and Assistance in Support of Participant Direction	X	Support Broker Coordinator of Community Services								
Financial Management Services	X	Fiscal Management Services								
Other Supports for Participant Direction (list each support by service title):										
a.										
b.										

State:	
Effective Date	

c.	
----	--

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type: Statutory Service

Service (Name): Habilitation

Alternative Service Title: **PERSONAL SUPPORTS**

Service Specification	
HCBS Taxonomy	
Category 1:	Sub-Category 1:
8: Home-Based Services	08010 home-based habilitation
Service Definition (Scope):	
<p>A. Personal Supports are individualized <u>drop in</u> supports, delivered in a personalized manner, to support independence in an individual’s own home and community in which the participant wishes to be involved, based on their personal resources.</p> <p>B. Personal Supports <u>provide habilitative</u> services <u>to</u> assist individuals who live in their own or family homes with acquiring, building, or maintaining the skills necessary to maximize their personal independence. These services include:</p> <ol style="list-style-type: none"> 1. In home skills development including budgeting and money management; completing homework; maintaining a bedroom for a child or home for an adult; being a good tenant; meal preparation; personal care; house cleaning/chores; and laundry; <u>and</u> 2. Community integration and engagement skills development needed to be part of a family event or community at large. Community integration services facilitate the process by which individuals integrate, engage and navigate their lives at home and in the community. They may include the development of skills or providing supports that make it possible for participants and families to lead full integrated lives (e.g. grocery shopping; banking; getting a haircut; using public transportation; attending school or social events; joining community organizations or clubs; any form of recreation or leisure activity; volunteering; and participating in organized worship or spiritual activities)) and health management assistance for adults (e.g. learning how to schedule a health appointment;, identifying transportation options; and developing skills to communicate health status, needs, or concerns); and 3. Personal care assistance services during in-home skills development and community activities. Personal care assistance services include assistance with activities of daily living and instrumental activities of daily living, which may include meal preparation and cleaning when the person is unable to do for themselves only when in combination of other allowable Personal Supports activities occurring. <p>C. <u>This Waiver program service includes the provision of:</u></p> <ol style="list-style-type: none"> <u>1. Direct support services, providing habilitation services to the participant;</u> <u>2. The following services provided, in combination with, and incidental to, the provision of habilitation services:</u> <ol style="list-style-type: none"> <u>a. Transportation to, from, and within this Waiver program service;</u> <u>b. Delegated nursing tasks, based on the participant’s assessed need; and</u> <u>c. Personal care assistance, based on the participant’s assessed need.</u> 	

State:	
Effective Date	

SERVICE REQUIREMENTS:

A. Personal Supports services under the waiver differ in scope, nature, and provider training and qualifications from personal care services in the State Plan.

B. The level of support and meaningful activities provided to the participant under this Waiver program service must be based on the participant’s level of service need. ~~Staffing is based on level of service need.~~

1. Based on the participant’s assessed needs, the DDA may authorize a 1:1 and 2:1 staff-to-participant ratio.
2. An enhanced rate, reflected as Personal Supports – Enhanced in the Person-Centered Plan, will be used to support participant with significant needs;
 2. The following criteria will be used to authorize the enhanced rate:
 - a. The participant has an approved Behavioral Plan; or
 - b. The participant has a Health Risk Screening Tool (HRST) Score of 4 or higher.

~~B-C.~~ Effective July 1, 2019, the following criteria will be used for participants to access Personal Supports:

1. Participant needs support for community engagement (outside of meaningful day services) or home skills development; and
2. This service is necessary and appropriate to meet the participant’s needs;
3. This service is the most cost-effective service to meet the participant’s needs unless otherwise authorized by the DDA due to "extraordinary" circumstances.

~~C.~~ Beginning December 1, 2019, Personal Supports services will begin to transition to the new enhanced rate starting with the small group. The following criteria will be used for participants to be authorized the enhanced rate:

~~D.~~ The participant has an approved Behavioral Plan; and/or

~~E.~~ The participant has a Health Risk Screening Score of 4 or higher.

~~F.~~ Under the self directed services delivery model, this service includes the option to provide staff benefits and leave time subject to the following requirements:

- ~~1. The benefits and leave time which are requested by the participant are: (a) within applicable reasonable and customary standards as established by DDA policy; or (b) required for the participant’s compliance, as the employer of record, with applicable federal, State, or local laws;~~
- ~~2. Any benefit and leave time offered by the participant must comply with any and all applicable federal, State or local laws; and~~
- ~~3. All funded benefits and leave time shall be included in and be part of the participant’s annual budget.~~

~~G-D.~~ Personal Support Services includes the provision of supplementary care by legally responsible persons necessary to meet the participant’s exceptional care needs due to the child’s disability that are above and beyond the typical, basic care for a legally responsible person would ordinarily perform or be responsible to perform on behalf of a waiver participant;

~~H-E.~~ Personal Supports are available:

1. Before and after school;
2. Any time when school is not in session;
3. During the day when meaningful day services (i.e. Employment Services, Supported Employment, Employment Discovery and Customization, Career Exploration, Community Development Services, and Day Habilitation) are not provided; and
4. On nights and weekends.

~~I.~~ Under self directing services, the following applies:

- ~~1. Participant, legal guardian, or his/her designated representative self directing services are considered the employer of record;~~
- ~~2. Participant, legal guardian, or his/her designated representative is responsible for supervising, training, and determining the frequency of services and supervision of their direct service workers;~~
- ~~3. Personal Support Services includes the costs associated with staff training such as First Aid and CPR.~~
- ~~4. and~~
- ~~5. Personal Support Services staff, with the exception of legal guardians and relatives, must be compensated over time pay as per the Fair Labor Standards Act from the self directed budget.~~

~~J.~~ From January 1, 2018 through June 1, 2021, transportation costs associated with the provision of legacy personal supports rate outside the participant’s home will be covered under the stand alone transportation

State:	
Effective Date	

~~services and billed separately. Beginning July 2020, transportation costs associated with the provision of services will be covered within the new rate.~~

- ~~K. Beginning July 2020, transportation to and from and within this service is included within the service of self-directed budget. Transportation will be provided or arranged by the provider or self-directing participant and funded through the rate system. The provider shall use the mode of transportation which achieves the least costly, and most appropriate, means of transportation for the individual with priority given to the use of public transportation when appropriate.~~
- ~~L. Personal care assistance services must be provided in combination with home skills development or community integration and engagement skills development and may not comprise the entirety of the service.~~
- ~~M. A legally responsible person (who is not a spouse) and relatives of a participant may be paid to provide this service in accordance with the applicable requirements set forth in Section C-2.~~
- F. If transportation is provided as part of this Waiver program service, then:
 - 1. The participant cannot receive Transportation services separately at the same time as provision of this Waiver program service;
 - 2. The provider or participants self-directing their services must:
 - a. Provide, or arrange for provision of, transportation to meet the needs of the participant identified in the participant’s Person-Centered Plan; and
 - b. Use the most cost-effective mode of transportation, with priority given to the use of public transportation; and
 - 3. Transportation services may not compromise the entirety of this Waiver program service.
- G. If direct support staff perform delegated nursing tasks as part of this Waiver program service, then:
 - 1. The participant must receive Nurse Case Management and Delegation services under this Waiver program; and
 - 2. The delegated nursing tasks:
 - a. Must be provided by direct support staff who are currently certified as a Medication Technician by the Maryland Board of Nursing; and
 - b. May not compromise the entirety of this Waiver program service.
- H. If personal care assistance services are provided as part of this Waiver program service, then the personal care assistance may not comprise the entirety of the service. For purposes of this Waiver program service, personal care assistance means the provision of supports to assist a participant in performing activities of daily living and instrumental activities of daily living.
- I. For participants enrolled in the self-directed services delivery model, this Waiver program service includes:
 - 1. The costs of training the participant’s direct support staff, including First Aid and Cardiopulmonary Resuscitation certifications;
 - 2. Travel reimbursement, benefits and leave time for the participant’s direct support staff, subject to the following requirements:
 - a. The reimbursement, benefits and leave time requested are:
 - i. Within applicable reasonable and customary standards as established by DDA policy; or
 - ii. Required for the participant’s compliance, as the employer of record, with applicable federal, State, or local laws; and
 - b. Any reimbursement, travel reimbursement (e.g. mileage), benefit and leave time requested by the participant must comply with applicable federal, State, or local laws
- J. A legally responsible individual, legal guardian, or a relatives of a participant (who is not a spouse) may be paid to provide this service in accordance with the applicable requirements set forth in Section C-2.
- ~~N.K.~~ Prior to accessing DDA funding for this service, all other available and appropriate funding sources, including those offered by Maryland Medicaid State Plan, Division of Rehabilitation Services (“DORS”), State Department of Education, and Department of Human Services, must be explored and exhausted to the extent applicable. These efforts must be documented in the participant’s file.

State:	
Effective Date	

L. To the extent that any listed services are covered under the Medicaid State Plan, the services under the waiver would be limited to additional services not otherwise covered under the Medicaid State Plan, but consistent with waiver objectives of avoiding institutionalization.

M. Personal Support services are not available at the same time as the direct provision of Respite Care Services, or Transportation Services (beginning July 2020).

N. Children have access to any medically necessary preventive, diagnostic, and treatment services under Medicaid’s Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services to help meet children’s health and developmental needs. This includes age appropriate medical, dental, vision, and hearing screening services and diagnostic and treatment services to correct or ameliorate identified conditions. Supports provided by this waiver service is to improve and maintain the ability of the child to remain in and engage in community activities.

O. Personal Supports can be provided in a variety of community settings and activities that promote opportunities for increased independence and inclusion. Through the person-centered planning process, all opportunities should be explored based on the person’s preferences and support his or her desired outcomes and goals. The setting should not have institutional qualities. Considering the person’s overall person-centered plan, activities should not isolate or segregate. If the individual chooses any disability specific classes, activities, events or programs, the choice must be documented in the person-centered plan.

P. Direct Support Professional services may be provided in an acute care hospital or during a short-term institutional stay for the purposes of supporting the participant’s personal, behavioral and communication supports not otherwise provided in that setting. Services may not be duplicative of hospital or short-term institutional services.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

- Legally responsible person, legal ~~Legal~~ guardians and relatives may not be paid for greater than 40-hours per week for services rendered to any Medicaid participant, unless otherwise approved by the DDA.
- Personal Supports services are limited to 82 hours per week unless otherwise preauthorized by the DDA.

Service Delivery Method (check each that applies):	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed
---	-------------------------------------	---	-------------------------------------	------------------

Specify whether the service may be provided by (check each that applies):	<input checked="" type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/>	Relative	<input checked="" type="checkbox"/>	Legal Guardian
---	-------------------------------------	----------------------------	-------------------------------------	----------	-------------------------------------	----------------

Provider Specifications

Provider Category(s) (check one or both):	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
		Personal Support Professional		Personal Supports Provider

Provider Qualifications

Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)
Personal Supports Professional			Individual must complete the DDA provider application and be certified based on compliance with meeting the following standards: 1. Be at least 18 years old;

State:	
Effective Date	

			<ol style="list-style-type: none"> 2. Have a GED or high school diploma; 3. Possess current first aid and CPR certification; 4. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a; 5. Unlicensed direct support professional staff who administer medication or perform delegable nursing tasks as part of this Waiver service must be certified by the Maryland Board of Nursing (MBON) as Medication Technicians, except if the participant and his or her medication administration or nursing tasks qualifies for exemption from nursing delegation pursuant to COMAR 10.27.11; 6. Possess a valid driver’s license, if the operation of a vehicle is necessary to provide services; 7. Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of services; 8. Complete required orientation and training designated by DDA; 9. Complete necessary pre/in-service training based on the Person-Centered Plan and DDA required training prior to service delivery; 10. Have three (3) professional references which attest to the provider’s ability to deliver the support/service in compliance with the Department’s values in Annotated Code of Maryland, Health General, Title 7; 11. Demonstrate financial integrity through IRS, Department, and Medicaid Exclusion List checks; 12. Have a signed DDA Provider Agreement to Conditions for Participation Complete and sign any agreements required by MDH or DDA; and
--	--	--	---

State:	
Effective Date	

			<p>13. Have a signed Medicaid Provider Agreement.</p> <p>Individuals providing services for participants self-directing their services must meet the standards 1 through 7 noted above and submit forms and documentation as required by the Fiscal Management Service (FMS) agency. FMS must ensure the individual or entity performing the service meets the qualifications.</p> <p>Participants in self-directing services, as the employer, may require additional staffing requirements based on their preferences and level of needs.</p>
<p>Personal Support Provider</p>			<p>Agencies must meet the following standards:</p> <ol style="list-style-type: none"> 1. Complete the DDA provider application and be certified based on compliance with meeting all of the following standards: <ol style="list-style-type: none"> A. Be properly organized as a Maryland corporation, or, if operating as a foreign corporation, be properly registered to do business in Maryland; B. A minimum of five (5) years demonstrated experience and capacity providing quality similar services; C. Have a governing body that is legally responsible for overseeing the management and operation of all programs conducted by the licensee including ensuring that each aspect of the agency’s programs operates in compliance with all local, State, and federal requirements, applicable laws, and regulations; D. Except for currently DDA licensed or certified Personal Supports providers, demonstrate the capability to provide or arrange for the provision of all personal support services required by submitting, at a minimum, the following documents with the application: <ol style="list-style-type: none"> (1) A program service plan that details the agencies service delivery model;

State:	
Effective Date	

			<ul style="list-style-type: none"> (2) A business plan that clearly demonstrates the ability of the agency to provide personal support services; (3) A written quality assurance plan to be approved by the DDA; (4) A summary of the applicant's demonstrated experience in the field of developmental disabilities; and (5) Prior licensing reports issued within the previous 10 years from any in-State or out-of-State entity associated with the applicant, including deficiency reports and compliance records. <ul style="list-style-type: none"> E. If currently licensed or certified, produce, upon written request from the DDA, the documents required under D. F. Be in good standing with the IRS and Maryland Department of Assessments and Taxation; G. Have Workers' Compensation Insurance; H. Have Commercial General Liability Insurance; I. Submit results from required criminal background checks, Medicaid Exclusion List, and child protective clearances as provided in Appendix C-2-a and as per DDA policy; J. Submit documentation of staff certifications, licensees, and/or trainings as required to perform services; K. Complete required orientation and training; L. Comply with the DDA standards related to provider qualifications and; M. <u>Have a signed DDA Provider Agreement to Conditions for Participation</u> Complete and sign any agreements required by MDH or DDA. <p>2. Have a signed Medicaid provider agreement;</p>
--	--	--	---

State:	
Effective Date	

			<p>3. Have documentation that all vehicles used in the provision of services have automobile insurance; and</p> <p>4. Submit a provider renewal application at least 60 days before expiration of its existing approval as per DDA policy.</p> <p>The DDA Deputy Secretary may waive the requirements noted above if an agency is licensed or certified by another State agency or accredited by a national accreditation agency, such as the Council on Quality and Leadership or the Council for Accreditation for Rehabilitation Facilities (CARF) for similar services for individuals with developmental disabilities and be in good standing with the IRS, and Maryland Department of Assessments and Taxation.</p> <p>Staff working for or contracted with the agency as well as volunteers utilized in providing any direct support services or spend any time alone with a participant must meet the following minimum standards:</p> <ol style="list-style-type: none"> 1. Be at least 18 years old; 2. Have a GED or high school diploma; 3. Possess current first aid and CPR certification; 4. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a; 5. Complete necessary pre/in-service training based on the Person-Centered Plan; 6. Complete designated training by DDA. After July 1, 2019, all new hires must complete the DDA required training prior to independent service delivery. 7. Unlicensed direct support professional staff who administer medication or perform delegable nursing tasks as part of this Waiver service must be certified by the Maryland Board of Nursing (MBON) as Medication Technicians, except if the participant and his or her medication
--	--	--	--

State:	
Effective Date	

			administration or nursing tasks qualifies for exemption from nursing delegation pursuant to COMAR 10.27.11; 8. Possess a valid driver’s license, if the operation of a vehicle is necessary to provide services; and 9. Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of services..

Verification of Provider Qualifications		
Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Personal Support Professional	1. DDA for certified Personal Support Professional 2. Fiscal Management Service (FMS) providers, as described in Appendix E, for participants self-directing services	1. DDA - Initially and at least every three years 2. FMS provider - prior to service delivery and continuing thereafter
Personal Support Provider	1. DDA for certified of provider 2. Provider for staff licenses, certifications, and training	1. DDA - Initially and at least every three years 2. Provider – prior to service delivery and continuing thereafter

Service Type: Statutory

Service (Name): **RESPIRE CARE SERVICES**

Service Specification	
HCBS Taxonomy	
Category 1:	Sub-Category 1:
9: Caregiver Support	09011 respite, out-of-home
Category 2:	Sub-Category 2:
9: Caregiver Support	09012 respite, in-home
Service Definition (Scope):	
A. Respite is short-term care intended to provide both the family or the primary caregiver and the participant with a break from their daily routines. Respite relieves families or the primary caregivers from their daily caregiving responsibilities. B. Respite can be provided in: 1. The participant’s own home, 2. The home of a respite care provider,	

State:	
Effective Date	

- 3. A licensed residential site,
- 4. State certified overnight or youth camps, and
- 5. Other settings and camps as approved by DDA

SERVICE REQUIREMENTS:

- A. Someone who lives with the participant may be the respite provider, as long as she or he is not the person who normally provides care for the participant and is not contracted or paid to provide any other DDA funded service to the participant.
- B. A relative of a participant who is not a spouse ~~or legally responsible person~~ may be paid to provide this service in accordance with the applicable requirements set forth in Appendix C-2. A legally responsible person or legal guardian of the participant cannot be paid by the Waiver program, either directly or indirectly, to provide this Waiver program service.
- C. A neighbor or friend may provide services under the same requirements as defined in Appendix C-2-e.
- D. Receipt of respite services does not preclude a participant from receiving other services on the same day. For example, the participant may receive meaningful day services (e.g., Employment Services or Day Habilitation) on the same day they receive respite services so long as these services are provided at different times.
- E. Under self-directing services, the following applies:
 - 1. Participant or his/her designated representative is considered the employer of record;
 - 2. Participant or his/her designated representative is responsible for supervising, training and determining the frequency of services and supervision of their direct service workers;
 - 3. Respite Care Services include the cost associated with staff training such as First Aid and CPR; and
 - 4. Respite Care Services staff, with the exception of legal guardians and relatives, must be compensated overtime pay as per the Fair Labor Standards Act from the self-directed budget.
- F. Payment rates for services must be customary and reasonable, as established by the DDA.
- G. Services are reimbursed based on:
 - 1. An hourly rate for services provided in the participant’s home or non-licensed respite provider’s home;
 - 2. Daily rate for services provided in a licensed residential site; or
 - 3. Reasonable and customary camp fee.
- H. Respite cannot replace day care while the participant’s parent or guardian is at work.
- I. If respite is provided in a residential site, the site must be licensed. Services provided in the participant’s home or the home of a relative, neighbor, or friend does not require licensure.
- J. Respite does not include funding for any fees associated with the respite care (for example, membership fees at a recreational facility, community activities, or insurance fees).
- K. Respite Care Services are not available at the same time as the direct provision Personal Supports or Transportation services.
- L. Payment may not be made for services furnished at the same time as other services that include care and supervision. This includes Medicaid State Plan Personal Care Services as described in COMAR 10.09.20, the Attendant Care Program (ACP), and the In-Home Aide Services Program (IHAS).
- M. Prior to accessing DDA funding for this service, all other available and appropriate funding sources, including but not limited to those offered by Maryland Medicaid State Plan, Division of Rehabilitation Services (“DORS”), State Department of Education, and Department of Human Services, must be explored and exhausted to the extent applicable. These efforts must be documented in the participant’s file.

State:	
Effective Date	

Specify applicable (if any) limits on the amount, frequency, or duration of this service:						
1. Respite care services hourly and daily total hours may not exceed 720 hours within each <u>Person-Centered Plan</u> year unless otherwise authorized by the DDA.						
2. The total cost for camp cannot exceed \$7,248 within each plan year.						
Service Delivery Method (check each that applies):	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E		<input checked="" type="checkbox"/>	Provider managed	
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/>	Relative	<input type="checkbox"/>	Legal Guardian
Provider Specifications						
Provider Category(s) (check one or both):	<input type="checkbox"/>	Individual. List types:		<input checked="" type="checkbox"/>	Agency. List the types of agencies:	
	<input type="checkbox"/>	Respite Care Supports		<input type="checkbox"/>	Licensed Community Residential Services Provider	
	<input type="checkbox"/>	Camp		<input type="checkbox"/>	Respite Care Provider	
	<input type="checkbox"/>			<input type="checkbox"/>		
Provider Qualifications						
Provider Type:	License (specify)		Certificate (specify)		Other Standard (specify)	
Respite Care Supports					Individual must complete the DDA provider application and be certified based on compliance with meeting the following standards: <ol style="list-style-type: none"> 1. Be at least 16 years old; 2. Possess current first aid and CPR certification; 3. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2; 4. Unlicensed direct support professional staff who administer medication or perform delegable nursing tasks as part of this Waiver service must be certified by the Maryland Board of Nursing (MBON) as Medication Technicians, except if the participant and his or her medication administration or nursing tasks qualifies for exemption from nursing delegation pursuant to COMAR 10.27.1; 	

State:	
Effective Date	

			<ol style="list-style-type: none"> 5. Possess a valid driver’s license, if the operation of a vehicle is necessary to provide services; 6. Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of services; 7. Complete required orientation and training designated by DDA; 8. Complete necessary pre/in-service training based on the Person-Centered Plan and DDA required training prior to service delivery; 9. Have three (3) professional references which attest to the provider’s ability to deliver the support/service in compliance with the Department’s values in Annotated Code of Maryland, Health General, Title 7; 10. Demonstrate financial integrity through IRS, Department, and Medicaid Exclusion List checks; 11. Have a signed DDA Provider Agreement to Conditions for Participation <u>Complete and sign any agreements required by MDH or DDA;</u> and 13. Have a signed Medicaid provider agreement. <p>Individuals providing services for participants self-directing their services must meet the standards 1 through 7 noted above and submit forms and documentation as required by the Fiscal Management Service (FMS) agency. FMS must ensure the individual or entity performing the service meets the qualifications.</p> <p>Participants in self-directing services, as the employer, may require additional staffing requirements based on their preferences and level of needs.</p>
Camp			<p>Camp must meet the following standards:</p> <ol style="list-style-type: none"> 1. Complete the DDA provider application and be certified based on compliance with meeting the following standards:

State:	
Effective Date	

			<ul style="list-style-type: none"> A. Be properly organized as a Maryland corporation or surrounding states, if operating as a foreign corporation, be properly registered to do business in Maryland; B. A minimum of five (5) years demonstrated experience and capacity providing quality similar services; C. Have a governing body that is legally responsible for overseeing the management and operation of all programs conducted by the licensee including ensuring that each aspect of the agency’s programs operates in compliance with all local, State, and federal requirements, applicable laws, and regulations; D. Except for currently DDA approved camps, demonstrate the capability to provide or arrange for the provision services required by submitting, at a minimum, the following documents with the application: <ul style="list-style-type: none"> (1) A program service plan that details the camp’s service delivery model; (2) A summary of the applicant’s demonstrated in the field of developmental disabilities; (3) State certification and licenses as a camp including overnight and youth camps; and (4) Prior licensing reports issued within the previous 5 years from any in-State or out-of-State entity associated with the applicant, including deficiency reports and compliance records. E. If a currently approved camp, produce, upon written request from the DDA, the documents required under D. F. Be in good standing with the IRS and Maryland Department of Assessments and Taxation; G. Have Workers’ Compensation Insurance; H. Have Commercial General Liability Insurance;
--	--	--	--

State:	
Effective Date	

			<ul style="list-style-type: none"> I. Required criminal background checks, Medicaid Exclusion List, and child protective clearances as provided in Appendix C-2-a and per DDA policy; J. Require staff certifications, licenses, and/or trainings as required to perform services; K. Complete required orientation and training; L. Comply with the DDA standards related to provider qualifications; and M. Have a signed DDA Provider Agreement to Conditions for Participation <u>Complete and sign any agreements required by MDH or DDA.</u> <ol style="list-style-type: none"> 2. Have a signed Medicaid Provider Agreement. 3. Have documentation that all vehicles used in the provision of services have automobile insurance; and 4. Submit a provider renewal application at least 60 days before expiration of its existing approval as per DDA policy.
<p>Licensed Community Residential Services Provider</p>	<p>Licensed Community Residential Services Provider</p>		<p>Agencies must meet the following standards:</p> <ol style="list-style-type: none"> 1. Complete the DDA provider application and be certified based on compliance with meeting all of the following standards: <ul style="list-style-type: none"> A. Be properly organized as a Maryland corporation, or, if operating as a foreign corporation, be properly registered to do business in Maryland; B. A minimum of five (5) years demonstrated experience and capacity providing quality similar services; C. Have a governing body that is legally responsible for overseeing the management and operation of all programs conducted by the licensee including ensuring that each aspect of the agency’s programs operates in compliance with all local, State, and

State:	
Effective Date	

			<p>federal requirements, applicable laws, and regulations;</p> <p>D. Except for currently DDA licensed residential providers, demonstrate the capability to provide or arrange for the provision of respite care services required by submitting, at a minimum, the following documents with the application:</p> <ol style="list-style-type: none"> (1) A program service plan that details the agencies service delivery model; (2) A business plan that clearly demonstrates the ability of the agency to provide respite care services; (3) A written quality assurance plan to be approved by the DDA; (4) A summary of the applicant's demonstrated experience in the field of developmental disabilities; and (5) Prior licensing reports issued within the previous 10 years from any in-State or out-of-State entity associated with the applicant, including deficiency reports and compliance records. <p>E. If currently licensed or certified, produce, upon written request from the DDA, the documents required under D.</p> <p>F. Be licensed by the Office of Health Care Quality;</p> <p>G. Be in good standing with the IRS and Maryland Department of Assessments and Taxation;</p> <p>H. Have Workers' Compensation Insurance;</p> <p>I. Have Commercial General Liability Insurance;</p> <p>J. Submit results from required criminal background checks, Medicaid Exclusion List, and child protective clearances as provided in Appendix C-2-a and per DDA policy;</p> <p>K. Submit documentation of staff certifications, licenses, and/or trainings as required to perform services;</p>
--	--	--	---

State:	
Effective Date	

			<p>L. Complete required orientation and training;</p> <p>M. Comply with the DDA standards related to provider qualifications; and</p> <p>N. Have a signed DDA Provider Agreement to Conditions for Participation<u>Complete and sign any agreements required by MDH or DDA.</u></p> <ol style="list-style-type: none"> 2. Have a signed Medicaid provider agreement; 3. Have documentation that all vehicles used in the provision of services have automobile insurance; 4. Submit a provider renewal application at least 60 days before expiration of its existing approval as per DDA policy; and 5. Respite care services provided in a provider owned and operated residential site must be licensed. <p>The DDA Deputy Secretary may waive the requirements noted above if an agency is licensed or certified by another State agency or accredited by a national accreditation agency, such as the Council on Quality and Leadership or the Council for Accreditation for Rehabilitation Facilities (CARF) for similar services for individuals with developmental disabilities, and be in good standing with the IRS and Maryland Department of Assessments and Taxation.</p> <p>Staff working for or contracted with the agency as well as volunteers utilized in providing any direct support services or spend any time alone with a participant must meet the following minimum standards:</p> <ol style="list-style-type: none"> 1. Be at least 16 years old; 2. Possess current first aid and CPR certification; 3. Training by participant/family on participant-specific information (including preferences, positive behavior supports, when needed, and disability-specific information);
--	--	--	--

State:	
Effective Date	

			<ol style="list-style-type: none"> 4. Additional requirements based on the participant’s preferences and level of needs. 5. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-; 6. Complete necessary pre/in-service training based on the Person-Centered Plan; 7. Complete the training designated by DDA. After July 1, 2019, all new hires must complete the DDA required training prior to independent service delivery. 8. Unlicensed direct support professional staff who administer medication or perform delegable nursing tasks as part of this Waiver service must be certified by the Maryland Board of Nursing (MBON) as Medication Technicians, except if the participant and his or her medication administration or nursing tasks qualifies for exemption from nursing delegation pursuant to COMAR 10.27.1; 9. Possess a valid driver’s license, if the operation of a vehicle is necessary to provide services; and 10. Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of services.
<p>Respite Care Provider</p>			<p>Agencies must meet the following standards:</p> <ol style="list-style-type: none"> 1. Complete the DDA provider application and be certified based on compliance with meeting all of the following standards: <ol style="list-style-type: none"> A. Be properly organized as a Maryland corporation, or, if operating as a foreign corporation, be properly registered to do business in Maryland; B. A minimum of five (5) years demonstrated experience and capacity providing quality similar services;

State:	
Effective Date	

			<ul style="list-style-type: none"> C. Have a governing body that is legally responsible for overseeing the management and operation of all programs conducted by the licensee including ensuring that each aspect of the agency’s programs operates in compliance with all local, State, and federal requirements, applicable laws, and regulations; D. Except for currently DDA certified respite care providers, demonstrate the capability to provide or arrange for the provision of respite care services required by submitting, at a minimum, the following documents with the application: <ul style="list-style-type: none"> (1) A program service plan that details the agencies service delivery model; (2) A business plan that clearly demonstrates the ability of the agency to provide respite care services; (3) A written quality assurance plan to be approved by the DDA; (4) A summary of the applicant's demonstrated experience in the field of developmental disabilities; and (5) Prior licensing reports issued within the previous 10 years from any in-State or out-of-State entity associated with the applicant, including deficiency reports and compliance records. E. If currently licensed or certified, produce, upon written request from the DDA, the documents required under D. F. Be in good standing with the IRS and Maryland Department of Assessments and Taxation; G. Have Workers’ Compensation Insurance; H. Have Commercial General Liability Insurance; I. Submit results from required criminal background checks, Medicaid Exclusion List, and child
--	--	--	---

State:	
Effective Date	

			<p>protective clearances as provided in Appendix C-2-a and per DDA policy;</p> <ul style="list-style-type: none"> J. Submit documentation of staff certifications, licenses, and/or trainings as required to perform services; K. Complete required orientation and training; L. Comply with the DDA standards related to provider qualifications; and M. <u>Have a signed DDA Provider Agreement to Conditions for Participation Complete and sign any agreements required by MDH or DDA.</u> <ul style="list-style-type: none"> 2. Have a signed Medicaid Provider Agreement. 3. Have documentation that all vehicles used in the provision of services have automobile insurance; and 4. Submit a provider renewal application at least 60 days before expiration of its existing approval as per DDA policy. <p>The DDA Deputy Secretary may waive the requirements noted above if an agency is licensed or certified by another State agency or accredited by a national accreditation agency, such as the Council on Quality and Leadership or the Council for Accreditation for Rehabilitation Facilities (CARF) for similar services for individuals with developmental disabilities, and be in good standing with the IRS and Maryland Department of Assessments and Taxation.</p> <p>Staff working for or contracted with the agency as well as volunteers utilized in providing any direct support services or spend any time alone with a participant must meet the following minimum standards:</p> <ul style="list-style-type: none"> 1. Be at least 16 years old; 2. Possess current first aid and CPR certification; 3. Training by participant/family on participant-specific information (including preferences, positive
--	--	--	---

State:	
Effective Date	

			<p>behavior supports, when needed, and disability-specific information);</p> <ol style="list-style-type: none"> 4. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a; 5. Complete necessary pre/in-service training based on the Person-Centered Plan; 6. Complete the training designated by DDA. After July 1, 2019, all new hires must complete the DDA required training prior to independent service delivery. 7. Unlicensed direct support professional staff who administer medication or perform delegable nursing tasks as part of this Waiver service must be certified by the Maryland Board of Nursing (MBON) as Medication Technicians, except if the participant and his or her medication administration or nursing tasks qualifies for exemption from nursing delegation pursuant to COMAR 10.27.1; 8. Possess a valid driver’s license, if the operation of a vehicle is necessary to provide services; and 9. Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of services. <p>Camps requirements including:</p> <ol style="list-style-type: none"> 1. Be a certified Organized Health Care Delivery Services provider; 2. State certification and licenses as a camp including overnight and youth camps as per COMAR 10.16.06, unless otherwise approved by the DDA; and 3. DDA approved camp.
--	--	--	---

Verification of Provider Qualifications		
Provider Type:	Entity Responsible for Verification:	Frequency of Verification

State:	
Effective Date	

Respite Care Professional	<ol style="list-style-type: none"> DDA for approval of Respite Care Supports FMS providers, as described in Appendix E, for participants self-directing services 	<ol style="list-style-type: none"> DDA – Initial and at least every three years FMS provider - prior to service delivery and continuing thereafter
Camp	<ol style="list-style-type: none"> DDA for approval of camps FMS providers, as described in Appendix E. for participants self-directing services 	<ol style="list-style-type: none"> DDA – Initial and at least every three years FMS provider - prior to service delivery and continuing thereafter
Licensed Community Residential Services Provider	<ol style="list-style-type: none"> DDA for verification of provider license and licensed site Licensed Community Residential Services Provider for verification of direct support staff and camps 	<ol style="list-style-type: none"> DDA - Initial and at least every three years Licensed Community Residential Services Provider – prior to service delivery and continuing thereafter
DDA Certified Respite Care Provider	<ol style="list-style-type: none"> DDA for verification of provider approval Respite Care Services Provider for verification of direct support staff and camps 	<ol style="list-style-type: none"> DDA - Initial and at least every three years DDA Certified Respite Care Services Provider – prior to service delivery and continuing thereafter

Service Type: Other Service

Service (Name):

Alternative Service Title: **ASSISTIVE TECHNOLOGY AND SERVICES**

Service Specification	
HCBS Taxonomy	
Category 1:	Sub-Category 1:
14: Equipment, Technology, and Modifications	14031 equipment and technology
Service Definition (Scope):	
<p>A. The purpose of assistive technology is to maintain or improve a participant’s functional abilities, enhance interactions, support meaningful relationships, and promote his/her ability to live independently, and meaningfully participate in their community.</p> <p><u>B. Assistive technology and services includes:</u></p> <ol style="list-style-type: none"> <u>Assistive technology needs assessment</u> <u>Acquisition of assistive technology</u> <u>Installation and instruction on use of assistive technology; and</u> <u>Maintenance of assistive technology.</u> 	

State:	
Effective Date	

B.C. Assistive Technology means an item, computer application, piece of equipment, or product system. Assistive Technology may be acquired commercially, modified, or customized. Assistive technology devices only include:

1. Speech and communication devices also known as augmentative and alternative communication devices (AAC) such as speech generating devices, text-to-speech devices and voice amplification devices;
2. Blind and low vision devices such as video magnifiers, devices with optical character recognizer (OCR) and Braille note takers;
3. Deaf and hard of hearing devices such as alerting devices, alarms, and assistive listening devices;
4. Devices for computers and telephone use such as alternative mice and keyboards or hands-free phones;
5. Environmental control devices such as voice activated lights, lights, fans, and door openers;
6. Aides for daily living such as weighted utensils, adapted writing implements, dressing aids;
7. Cognitive support devices and items such as task analysis applications or reminder systems;
8. Remote support devices such as assistive technology health monitoring such as blood pressure bands and oximeter and personal emergency response systems; and
9. Adapted toys and specialized equipment such as specialized car seats and adapted bikes.

C.D. Assistive technology service means a service that directly assists a participant in the selection, acquisition, use, or maintenance of an assistive technology device. Assistive technology services include:

1. Assistive Technology needs assessment;
2. Program materials and assistance in the development of adaptive materials
3. Training or technical assistance for the participant and their support network including family members;
4. Repair and maintenance of devices and equipment;
5. Programming and configuration of devices and equipment;
6. Coordination and use of assistive technology devices and equipment with other necessary therapies, interventions, or services in the Person-Centered Plan; and
7. Services consisting of purchasing or leasing devices.

D.E. Specifically excluded under this service are:

1. Wheelchairs, architectural modifications, adaptive driving, vehicle modifications, and devices requiring a prescription by physicians or medical other licensed health care providers as these items are covered either through: (i) the Medicaid State Plan as Durable Medical Equipment (DME); (ii) other Waiver program a stand-alone waiver services (i.e.e.g., environmental modification and vehicle modifications); or (iii) the Division of Rehabilitation Services; through DORS; or (iv) any other State funding program.
2. Services, equipment, items or devices that are experimental or not authorized by the applicable State or Federal authority; and
3. Smartphones and associated monthly service line and data cost.

SERVICE REQUIREMENTS:

- A. If the Assistive Technology, recommended by the team that requested for the participant, costs up to, but does not equal or exceed \$1,000, then an assistive technology needs assessment is not required, but may be requested, prior to the acquisition of the Assistive Technology per item does not require a formal assessment.
- B. If the Assistive Technology, requested for the participant, has a cost that equals or exceeds devices of \$1,000, then an assistive technology needs assessment is required prior to acquisition of the Assistive Technology or more must be recommended by an independent evaluation of the participant's assistive technology needs.
- C. The Assistive technology assessment must contain the following components: evaluation must include the development of a list of all devices, supplies, software, equipment, product systems and/or waiver services (including a combination of any of the elements listed) that would be most effective to meet the need(s) of the participant. The least expensive option from the list must be selected for inclusion on the Person-Centered Plan unless an explanation of why the chosen option is the most cost effective.
 1. A description of the participant's needs and goals;
 2. A description of the participant's functional abilities without Assistive Technology;
 3. A description of whether and how Assistive Technology will meet the participant's needs and goals; and

State:	
Effective Date	

4. A list of all Assistive technology, and other Waiver program services (including a combination of any of the elements listed) that would be most effective to meet the needs of the participant.

D. The least expensive option from the list, developed in the Assistive Technology assessment described in C. above, must be selected for inclusion on the Person-Centered Plan unless an explanation of why the chosen option is the most cost effective.

E. Prior to acquisition of the Assistive Technology, the participant must submit three estimates for the Assistive Technology and services for review and selection by the DDA.

F. Upon delivery to the participant (including installation) or maintenance performed, the assistive technology must be in good operating condition and repair in accordance with applicable specifications.

~~G.~~ Prior to accessing DDA funding for this service, all other available and appropriate funding sources, including those offered by Maryland Medicaid State Plan, Division of Rehabilitation Services (“DORS”), State Department of Education, and Department of Human Services, must be explored and exhausted to the extent applicable. These efforts must be documented in the participant’s file.

H. To the extent that any listed services are covered under the Medicaid State Plan, the services under the waiver would be limited to additional services not otherwise covered under the Medicaid State Plan, but consistent with waiver objectives of avoiding institutionalization.

~~I.~~ A legally responsible person, relative, or legal guardian of the participant cannot be paid by the Waiver program, either directly or indirectly, to provide this Waiver program service.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Service Delivery Method (check each that applies):	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed		
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative	<input type="checkbox"/>	Legal Guardian

Provider Specifications				
Provider Category(s) (check one or both):	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
		Assistive Technology Professional		Organized Health Care Delivery System Provider

Provider Qualifications			
Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)
Assistive Technology Professional			Individual must complete the DDA provider application and be certified based on compliance with meeting the following standards: <ol style="list-style-type: none"> 1. Be at least 18 years old; 2. Have required credentials, license, or certification in an area related to the specific type of technology needed as noted below, 3. Pass a criminal background investigation and any other

State:	
Effective Date	

			<p>required background checks and credentials verifications as provided in Appendix C-2-a;</p> <ol style="list-style-type: none"> 4. Have Commercial General Liability Insurance; 5. Complete required orientation and training designated by DDA; 6. Complete necessary pre/in-service training based on the Person-Centered Plan; 7. Have three (3) professional references which attest to the provider’s ability to deliver the support/service in compliance with the Department’s values in Annotated Code of Maryland, Health General, Title 7; 8. Demonstrate financial integrity through IRS, Department, and Medicaid Exclusion List checks; 9. Have a signed DDA Provider Agreement to Conditions for Participation<u>Complete and sign any agreements required by MDH or DDA;</u> and 10. Have a signed Medicaid Provider Agreement. <p>Individuals providing services for participants self-directing their services must meet the standards 1 through 3 noted above and submit forms and documentation as required by the Fiscal Management Service (FMS) agency. FMS must ensure the individual or entity performing the service meets the qualifications.</p> <p>Assistive Technology Professional credentialing, licensing, or certification requirements:</p> <ol style="list-style-type: none"> 1. Individuals performing assessments for Assistive Technology (except for Speech Generating Devices) must meet following requirements<u>Assistive Technology assessments, with the exception for Speech Generating Devices, must be completed by a specialist that has</u>
--	--	--	---

State:	
Effective Date	

			<p><u>any of the following certifications as appropriate:</u></p> <ol style="list-style-type: none"> a. Rehabilitation Engineering and Assistive Technology Society of North America (RESNA) Assistive Technology Practitioner (ATP), b. California State University Northridge (CSUN) Assistive Technology Applications Certificate, or c. Certificate of Clinical Competence in Speech Language Pathology (CCC-SLP). <p>2. <u>Individuals performing assessments for any Speech Generating Devices must meet the following requirements:</u> <u>Assessment for Speech Generating Devices (SGD):</u></p> <ol style="list-style-type: none"> a. Need assessment and recommendation must be completed by a licensed Speech Therapist; b. Program and training can be conducted by a RESNA Assistive Technology Practitioner (ATP) or California State University North Ridge (CSUN) Assistive Technology Applications Certificate professional. <p>3. Assistive Technology Specialist/Practitioner must have an acceptable certification from any of the following:</p> <ol style="list-style-type: none"> a. Rehabilitation Engineering and Assistive Technology Society of North America (RESNA) Assistive Technology Practitioner (ATP); b. California State University Northridge (CSUN) Assistive Technology Applications Certificate; or c. Certificate of Clinical Competence in Speech
--	--	--	---

State:	
Effective Date	

			<p>Language Pathology (CCC-SLP); and</p> <p>d. Minimum of three years of professional experience in adaptive rehabilitation technology in each device and service area certified.</p> <p>4. Licensed professional must have:</p> <p>a. Maryland Board of Audiologists, Hearing Aid Dispensers & Speech-Language Pathologists license for Speech-Language Pathologist, or</p> <p>b. Maryland Board of Occupational Therapy Practice license for Occupational Therapist.</p> <p>5. Entity designated by the Division of Rehabilitation Services (DORS) as an Assistive Technology service vendor.</p>
<p>Organized Health Care Delivery System Provider</p>			<p>Agencies must meet the following standards:</p> <ol style="list-style-type: none"> 1. Be certified or licensed by the DDA to provide at least one Medicaid waiver service; and 2. Complete the DDA provider application to be an Organized Health Care Delivery Services provider. <p>OHCDS providers shall verify the licenses, credentials, and experience of all professionals with whom they contract or employ and have a copy of the same available upon request.</p> <p>Assistive Technology Professional credentialing, licensing, or certification requirements:</p> <ol style="list-style-type: none"> 1. <u>Individuals performing assessments for Assistive Technology (except for Speech Generating Devices) must meet following requirements</u>Assistive Technology assessments, with the exception for Speech Generating Devices, must be completed by a specialist that has any

State:	
Effective Date	

			<p><u>of the following certifications as appropriate:</u></p> <ol style="list-style-type: none"> a. Rehabilitation Engineering and Assistive Technology Society of North America (RESNA) Assistive Technology Practitioner (ATP), b. California State University Northridge (CSUN) Assistive Technology Applications Certificate, or c. Certificate of Clinical Competence in Speech Language Pathology (CCC-SLP). <p>2. <u>Individuals performing assessments for any Speech Generating Devices must meet the following requirementsAssessment for Speech Generating Devices (SGD):</u></p> <ol style="list-style-type: none"> a. Need assessment and recommendation must be completed by a licensed Speech Therapist; b. Program and training can be conducted by a RESNA Assistive Technology Practitioner (ATP) or California State University North Ridge (CSUN) Assistive Technology Applications Certificate professional. <p>3. Assistive Technology Specialist/Practitioner must have an acceptable certification from any of the following:</p> <ol style="list-style-type: none"> a. Rehabilitation Engineering and Assistive Technology Society of North America (RESNA) Assistive Technology Practitioner (ATP); b. California State University Northridge (CSUN) Assistive Technology Applications Certificate; or c. Certificate of Clinical Competence in Speech Language Pathology (CCC-SLP); and d. Minimum of three years of professional experience in adaptive rehabilitation technology in each device and service area certified;
--	--	--	--

State:	
Effective Date	

			<ol style="list-style-type: none"> 4. Licensed professional must have: <ol style="list-style-type: none"> a. Maryland Board of Audiologists, Hearing Aid Dispensers & Speech-Language Pathologists license for Speech-Language Pathologist, or b. Maryland Board of Occupational Therapy Practice license for Occupational Therapist. 5. Entity designated by the Division of Rehabilitation Services (DORS) as an Assistive Technology service vendor.
--	--	--	--

Verification of Provider Qualifications		
Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Assistive Technology Professional	<ol style="list-style-type: none"> 1. DDA for certified Assistive Technology Professional 2. FMS provider, as described in Appendix E, for participants self-directing services 	<ol style="list-style-type: none"> 1. DDA – Initially and at least every three years 2. FMS provider - prior to services and continuing thereafter
Organized Health Care Delivery System Provider	<ol style="list-style-type: none"> 1. DDA for OHCDS 2. OHCDS providers for entities and individuals they contract or employ 	<ol style="list-style-type: none"> 1. OHCDS – Initial and at least every three years 2. OHCDS providers – prior to service delivery and continuing thereafter

Service Type: Other

Service (Name):

Alternative Service Title: **BEHAVIORAL SUPPORT SERVICES**

Service Specification	
HCBS Taxonomy	
Category 1:	Sub-Category 1:
10: Other Mental Health and Behavioral Services	10040 behavior support
Service Definition (Scope):	
<p>A. Behavioral Support Services are an array of services to assist participants who without such supports are experiencing, or are likely to experience, difficulty at home or in the community as a result of behavioral, social, or emotional issues. These services seek to help understand a participant’s challenging behavior and its function to develop a Behavior Plan with the primary aim of enhancing the participant’s independence and inclusion in their community.</p> <p>B. Behavioral Support Services includes:</p>	

State:	
Effective Date	

1. Behavioral Assessment - identifies a participant’s challenging behaviors, by collecting and reviewing relevant data, discussing the information with the participant’s support team, and developing a Behavior Plan that best addresses the function of the behavior, if needed;
2. Behavioral Consultation - services that oversee and monitor the implementation of recommendations developed under the Behavioral Assessment as indicated in the Behavior Plan; and
3. Brief Support Implementation Services - time limited service to provide direct assistance and modeling to families, agency staff, and caregivers, and any other individuals supporting the participant so they can independently implement the Behavior Plan.

SERVICE REQUIREMENT:

A. Behavioral Assessment:

1. Is based on the principles of person-centered thinking, a comprehensive Functional Behavioral Assessment (FBA), and supporting data;
2. Is performed by a qualified clinician;
3. Requires development of specific hypotheses for the challenging behavior, a description of the challenging behaviors in behavioral terms, to include topography, frequency, duration, intensity/severity, and variability/cyclicity of the behaviors;
4. Must be based on a collection of current specific behavioral data; and
5. Includes the following:
 - a. An onsite observation of the interactions between the participant and his/her caregiver(s) in multiple settings and observation of the implementation of existing programs;
 - b. An environmental assessment of all primary environments;
 - c. A medical assessment including a list of all medications including those specifically prescribed to modify challenging behaviors, the rationale for prescribing each medication, and the potential side effects of each medication;
 - d. A participant’s history based upon the records and interviews with the participant and with the people important to/for the person (e.g. parents, caregivers, vocational staff, etc.);
 - e. Record reviews and interviews recording the history of the challenging behaviors and attempts to modify it;
 - f. Recommendations, after discussion of the results within the participant’s interdisciplinary team, for behavioral support strategies, including those required to be developed in a Behavior Plan; and
 - g. Development of the Behavior Plan, if applicable.

B. Behavioral Consultation services only include:

1. Recommendations for subsequent professional evaluation services (e.g., Psychiatric, Neurological, Psychopharmacological, etc.), not identified in the Behavioral Assessment, that are deemed necessary and pertinent to the behavioral challenges;
2. Consultation, subsequent to the development of the Behavioral Assessment, which may include speaking with the participant’s Psychiatrists and other medical/therapeutic practitioners;
3. Developing, writing, presenting, and monitoring the strategies for working with the participant and his or her caregivers;
4. Providing ongoing education on recommendations, strategies, and next steps to the participant’s support network (i.e. caregiver(s), family members, agency staff, etc.) regarding the structure of the current environment, activities, and ways to communicate with and support the participant;
5. Developing, presenting, and providing ongoing education on recommendations, strategies, and next steps to ensure that the participant is able to continue to participate in all pertinent environments (i.e. home, day program, job, and community) to optimize community inclusion in the least restrictive environment;
6. Ongoing assessment of progress in all pertinent environments against identified goals;
7. Preparing written progress notes on the participant’s goals identified in the Behavior Plan at a minimum include the following information:

State:	
Effective Date	

- a. Assessment of behavioral supports in the environment;
- b. Progress notes detailing the specific Behavior Plan interventions and outcomes for the participant;
- c. Data, trend analysis and graphs to detail progress on target behaviors identified in a Behavioral Plan; and
- d. Recommendations;
- 8. Development and updates to the Behavioral Plan as required by regulations; and
- 9. Monitoring and ongoing assessment of the implementation of the Behavioral Plan based on the following:
 - a. At least monthly for the first six months; and
 - b. At least quarterly after the first six months or as dictated by progress against identified goals.
- C. Brief Support Implementation Services includes:
 - 1. On-site execution and modeling of identified behavioral support strategies;
 - 2. Timely semi-structured written feedback to the clinicians on the provision and effectiveness of the Behavior Plan and strategies;
 - 3. Participation in on-site meetings or instructional sessions with the participant’s support network regarding the recommendations, strategies, and next steps identified in the Behavior Plan;
 - 4. Brief Support Implementation Services cannot be duplicative of other services being provided (e.g. 1:1 supports); and
 - 5. The Staff must provide Brief Support Implementation Services ~~staff is required to be~~ onsite and in person with the individual supporting the participant-caregiver in order to model the implementation of identified strategies to be utilized in the Behavior Plan.
- D. The DDA policies, procedure and guidance must be followed when developing a behavior plan.
- E. If the requested Behavioral Support Services, or Behavior Plan, restricts the participant’s rights, as set forth in Title 7 of the Health-General Article of the Maryland Annotated Code or COMAR Title 10, Subtitle 22, then the need for the restriction must be set forth in the participant’s behavior plan in accordance with applicable regulations and policies governing restrictions of participant rights, behavior plans, and positive behavior supports.
- ~~D.F.~~ Prior to accessing DDA funding for this service, all other available and appropriate funding sources, including those offered by Maryland Medicaid State Plan, Division of Rehabilitation Services (“DORS”), State Department of Education, and Department of Human Services, must be explored and exhausted to the extent applicable. These efforts must be documented in the participant’s file.
- ~~E.G.~~ To the extent that any listed services are covered under the Medicaid State Plan, the services under the waiver would be limited to additional services not otherwise covered under the Medicaid State Plan, but consistent with waiver objectives of avoiding institutionalization.
- ~~F.H.~~ Behavioral Assessment is reimbursed based on a milestone for a completed assessment.
- ~~G.I.~~ The Behavior Plan is reimbursed based on a milestone for a completed plan.
- ~~H.J.~~ Behavioral Support Services may not be provided at the same time as the direct provision of Respite Care Services.
- K. Behavioral Consultation and Brief Support Implementation Services service hours are based on assessed needs, supporting data, plan implementation, and authorization from the DDA.
- L. Children have access to any medically necessary preventive, diagnostic, and treatment services under Medicaid’s Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services to help meet children’s health and developmental needs. This includes age appropriate medical, dental, vision, and hearing screening services and diagnostic and treatment services to correct or ameliorate identified conditions. Supports provided by this waiver service is to improve and maintain the ability of the child to remain in and engage in community activities.
- I.M. A legally responsible person, relative, or legal guardian of the participant cannot be paid by the Waiver program, either directly or indirectly, to provide this Waiver program service.

State:	
Effective Date	

Specify applicable (if any) limits on the amount, frequency, or duration of this service:			
1. Behavioral Assessment is limited to one per <u>person-centered plan</u> year unless otherwise approved by DDA. 2. Behavioral Consultation and Brief Support Implementation Services service hours are based on assessed needs, supporting data, plan implementation, and authorization from the DDA. 3-2. For Behavioral Consultation and Brief Support Implementation Services, <u>the Waiver program will fund up to a maximum of</u> service hours are limited to 8 hours per day.			
Service Delivery Method <i>(check each that applies):</i>	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/> Provider managed
Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/> Relative <input type="checkbox"/> Legal Guardian
Provider Specifications			
Provider Category(s) <i>(check one or both):</i>	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/> Agency. List the types of agencies:
		Behavioral Support Service Professional	Behavioral Support Services Provider
Provider Qualifications			
Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
Behavioral Support Service Professional			Individual must complete the DDA provider application and be certified based on compliance with meeting the following standards: <ol style="list-style-type: none"> 1. Be at least 18 years old; 2. Have required credentials, license, or certification as noted below; 3. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a; 4. Complete required orientation and training designated by DDA; 5. Complete necessary pre/in-service training based on the Person-Centered Plan and DDA required training prior to service delivery; 6. Have three (3) professional references which attest to the provider’s ability to deliver the support/service in compliance with the Department’s values in Annotated Code of Maryland, Health General, Title 7;

State:	
Effective Date	

			<p>7. Have Commercial General Liability Insurance;</p> <p>8. Demonstrate financial integrity through IRS, Department, and Medicaid Exclusion List checks;</p> <p>9. Have a signed DDA Provider Agreement to Conditions for Participation<u>Complete and sign any agreements required by MDH or DDA</u>; and</p> <p>10. Have a signed Medicaid provider agreement.</p> <p>Individuals providing services for participants self-directing their services must meet the standards 1 through 3 noted above and submit forms and documentation as required by the Fiscal Management Service (FMS) agency. FMS must ensure the individual or entity performing the service meets the qualifications.</p> <p>An individual is qualified <u>Qualified clinicians</u> to complete the behavioral assessment and consultation <u>services if they have one of the following:</u>include:</p> <ol style="list-style-type: none"> 1. Licensed psychologist; 2. Psychology associate working under the license of the psychologist (and currently registered with and approved by the Maryland Board of Psychology); 3. Licensed professional counselor; 4. Licensed certified social worker; and 5. Licensed behavioral analyst. <p>In addition, an individual who provides behavioral assessment and/or consultation services must have the following training and experience<u>All clinicians must have training and experience in the following:</u></p> <ol style="list-style-type: none"> 1. A minimum of one year of clinical experience under the supervision of a Maryland licensed Health Occupations professional with training and experience in functional analysis and
--	--	--	--

State:	
Effective Date	

			<p>tiered behavior support plans with the I/DD population;</p> <ol style="list-style-type: none"> 2. A minimum of one year clinical experience working with individuals with co-occurring mental health or neurocognitive disorders; and 3. Competencies in areas related to: <ol style="list-style-type: none"> (a) Analysis of verbal behavior to improve socially significant behavior; (b) Behavior reduction/elimination strategies that promote least restrictive approved alternatives, including positive reinforcement/schedules of reinforcement; (c) Data collection, tracking and reporting; (d) Demonstrated expertise with populations being served; (e) Ethical considerations related to behavioral services; (f) Functional analysis and functional assessment and development of functional alternative behaviors and generalization and maintenance of behavior change; (g) Measurement of behavior and interpretation of data, including ABC (antecedent-behavior-consequence) analysis including antecedent interventions; (h) Identifying desired outcomes; (i) Selecting intervention strategies to achieve desired outcomes; (j) Staff/caregiver training; (k) Support plan monitors and revisions; and (l) Self-management. <p>Staff providing the Brief Support Implementation Services must be a person who has:</p> <ol style="list-style-type: none"> a. Demonstrated completion of high school or equivalent/higher, b. Successfully completed an 40-hour behavioral technician training, and c. Receives ongoing supervision by a qualified clinician who meets the criteria to provide behavioral
--	--	--	---

State:	
Effective Date	

			assessment and behavioral consultation.
Behavioral Support Services Provider			<p>Agencies must meet the following standards:</p> <ol style="list-style-type: none"> 1. Complete the DDA provider application and be certified based on compliance with meeting all of the following standards: <ol style="list-style-type: none"> A. Be properly organized as a Maryland corporation, or, if operating as a foreign corporation, be properly registered to do business in Maryland; B. A minimum of five (5) years demonstrated experience and capacity providing quality similar services; C. Have a governing body that is legally responsible for overseeing the management and operation of all programs conducted by the licensee including ensuring that each aspect of the agency’s programs operates in compliance with all local, State, and federal requirements, applicable laws, and regulations; D. Except for currently DDA licensed or certified Behavioral Support Services providers, demonstrate the capability to provide or arrange for the provision of all behavioral support services required by submitting, at a minimum, the following documents with the application: <ol style="list-style-type: none"> (1) A program service plan that details the agencies service delivery model; (2) A business plan that clearly demonstrates the ability of the agency to provide behavioral support services; (3) A written quality assurance plan to be approved by the DDA; (4) A summary of the applicant's demonstrated experience in the field of developmental disabilities; and

State:	
Effective Date	

			<p>(5) Prior licensing reports issued within the previous 10 years from any in-State or out-of-State entity associated with the applicant, including deficiency reports and compliance records.</p> <p>E. If currently licensed or certified, produce, upon written request from the DDA, the documents required under D.</p> <p>F. Be in good standing with the IRS and Maryland Department of Assessments and Taxation;</p> <p>G. Have Workers’ Compensation Insurance;</p> <p>H. Have Commercial General Liability Insurance;</p> <p>I. Submit results from required criminal background checks, Medicaid Exclusion List, and child protective clearances as provided in Appendix C-2-a and per DDA policy;</p> <p>J. Submit documentation of staff certifications, licenses, and/or trainings as required to perform services;</p> <p>K. Complete required orientation and training;</p> <p>L. Comply with the DDA standards related to provider qualifications; and</p> <p>M. Have a signed DDA Provider Agreement to Conditions for Participation <u>Complete and sign any agreements required by MDH or DDA.</u></p> <p>2. Have a signed Medicaid provider agreement.</p> <p>3. Have documentation that all vehicles used in the provision of services have automobile insurance; and</p> <p>4. Submit a provider renewal application at least 60 days before expiration of its existing approval as per DDA policy.</p> <p>The DDA Deputy Secretary may waive the requirements noted above if an agency is licensed or certified by another State</p>
--	--	--	--

State:	
Effective Date	

			<p>agency or accredited by a national accreditation agency, such as the Council on Quality and Leadership or the Council for Accreditation for Rehabilitation Facilities (CARF) for similar services for individuals with developmental disabilities, and be in good standing with the IRS and Maryland Department of Assessments and Taxation</p> <p>Staff working for or contracted with the agency as well as volunteers utilized in providing any direct support services or spend any time alone with a participant must meet the following minimum standards:</p> <ol style="list-style-type: none"> 1. Be at least 18 years old; 2. Have required credentials, license, or certification as noted below; 3. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a; 4. Complete necessary pre/in-service training based on the Person-Centered Plan; and 5. Complete the training designated by DDA. After July 1, 2019, all new hires must complete the DDA required training prior to independent service delivery. <p><u>An individual is qualified to complete the behavioral assessment and consultation services if they have one of the following licenses. Qualified clinicians to complete the behavioral assessment and consultation include:</u></p> <ol style="list-style-type: none"> 1. Licensed psychologist; 2. Psychology associate working under the license of the psychologist (and currently registered with and approved by the Maryland Board of Psychology); 3. Licensed professional counselor; 4. Licensed certified social worker; and 5. Licensed behavioral analyst.
--	--	--	---

State:	
Effective Date	

			<p><u>In addition, an individual who provides behavioral assessment and/or consultation services must have the following training and experience. All clinicians must have training and experience in the following:</u></p> <ol style="list-style-type: none"> 1. A minimum of one year of clinical experience under the supervision of a Maryland licensed Health Occupations professional with training and experience in functional analysis and tiered behavior support plans with the I/DD population; 2. A minimum of one year clinical experience working with individuals with co-occurring mental health or neurocognitive disorders; and 3. Competencies in areas related to: <ol style="list-style-type: none"> (a) Analysis of verbal behavior to improve socially significant behavior; (b) Behavior reduction/elimination strategies that promote least restrictive approved alternatives, including positive reinforcement/schedules of reinforcement; (c) Data collection, tracking and reporting; (d) Demonstrated expertise with populations being served; (e) Ethical considerations related to behavioral services; (f) Functional analysis and functional assessment and development of functional alternative behaviors and generalization and maintenance of behavior change; (g) Measurement of behavior and interpretation of data, including ABC (antecedent-behavior-consequence) analysis including antecedent interventions; (h) Identifying desired outcomes; (i) Selecting intervention strategies to achieve desired outcomes; (j) Staff/caregiver training; (k) Support plan monitors and revisions; and (l) Self-management.
--	--	--	---

State:	
Effective Date	

			<p>Staff providing the Brief Support Implementation Services must be a person who has:</p> <ul style="list-style-type: none"> a. Demonstrated completion of high school or equivalent/higher, b. Successfully completed an 40-hour behavioral technician training, and c. Receives ongoing supervision by a qualified clinician who meets the criteria to provide behavioral assessment and behavioral consultation.
Verification of Provider Qualifications			
Provider Type:	Entity Responsible for Verification:		Frequency of Verification
Behavioral Support Services Professional	<ul style="list-style-type: none"> 1. DDA for certified Behavioral Support Services Professional 2. FMS provider, as described in Appendix E for participants self-directing services 		<ul style="list-style-type: none"> 1. DDA – Initially and at least every three years 2. FMS provider – prior to service delivery and continuing thereafter
Behavioral Support Services Provider	<ul style="list-style-type: none"> 1. DDA for verification of Behavioral Support Services provider 2. Providers for verification of clinician’s and staff’s qualifications and training 		<ul style="list-style-type: none"> 1. DDA – Initially and at least every three years 2. Providers – prior to service delivery and continuing thereafter

Service Type: Other Service
 Service (Name):
 Alternative Service Title: **ENVIRONMENTAL ASSESSMENT**

Service Specification	
HCBS Taxonomy	
Category 1:	Sub-Category 1:
14: Equipment, Technology, and Modifications	14020 home and/or vehicle accessibility adaptations
Service Definition (Scope):	
<p>A. An environmental assessment is an on-site assessment with the participant at his or her primary residence to determine if environmental modifications or assistive technology may be necessary in the participant’s home.</p> <p>B. Environmental assessment includes:</p> <ul style="list-style-type: none"> 1. An evaluation of the participant; 2. Environmental factors in the participant’s home; 3. The participant’s ability to perform activities of daily living; 4. The participant’s strength, range of motion, and endurance; 	

State:	
Effective Date	

- 5. The participant's need for assistive technology and or modifications; and
- 6. The participant's support network including family members' capacity to support independence.

SERVICE REQUIREMENTS:

- A. The assessment must be conducted by an Occupational Therapist licensed in the State of Maryland.
- B. The Occupational Therapist must complete an Environmental Assessment Service Report to document findings and recommendations based on an onsite environmental assessment of a home or residence (where the participant lives or will live) and interviews the participant and their support network (e.g. family, direct support staff, delegating nurse/nurse monitor, etc.).

The report shall:

- 1. Detail the environmental assessment process, findings, and specify recommendations for the home modification and assistive technology that are recommended for the participant;
- 2. Be typed; and
- 3. Be completed within 10 business days of the completed assessment and forwarded to the participant and his or her Coordinator of Community Service (CCS) in an accessible format.

~~An environmental assessment may not be provided before the effective date of the participant's eligibility for waiver services unless authorized by the DDA for an individual that is transitioning from an institution.~~

- C. Prior to accessing DDA funding for this service, all other available and appropriate funding sources, including those offered by Maryland Medicaid State Plan, Division of Rehabilitation Services (“DORS”), State Department of Education, and Department of Human Services, must be explored and exhausted to the extent applicable. These efforts must be documented in the participant's file.
- D. To the extent that any listed services are covered under the Medicaid State Plan, the services under the waiver would be limited to additional services not otherwise covered under the Medicaid State Plan, but consistent with waiver objectives of avoiding institutionalization.
- E. Children have access to any medically necessary preventive, diagnostic, and treatment services under Medicaid's Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services to help meet children's health and developmental needs. This includes age appropriate medical, dental, vision, and hearing screening services and diagnostic and treatment services to correct or ameliorate identified conditions. Supports provided by this waiver service is to improve and maintain the ability of the child to remain in and engage in community activities.

~~E.F. A legally responsible person, relative, or legal guardian of the participant cannot be paid by the Waiver program, either directly or indirectly, to provide this Waiver program service~~

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Environment assessment is limited to one (1) assessment annually

Service Delivery Method (check each that applies):	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed		
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative	<input type="checkbox"/>	Legal Guardian
Provider Specifications						
Provider Category(s)	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:		

State:	
Effective Date	

<i>(check one or both):</i>	Environment Assessment Professional	Organized Health Care Delivery System Provider

Provider Qualifications			
Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
Environment Assessment Professional			Individual must complete the DDA provider application and be certified based on compliance with meeting the following standards: <ol style="list-style-type: none"> 1. Be at least 18 years old; 2. Be a licensed Occupational Therapist by the Maryland Board of Occupational Therapy Practice or a Division of Rehabilitation Services (DORS) approved vendor; 3. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a; 4. Have Commercial General Liability Insurance 5. Complete required orientation and training designated by DDA; 6. Complete necessary pre/in-service training based on the Person-Centered Plan and DDA required training prior to service delivery; 7. Have three (3) professional references which attest to the provider’s ability to deliver the support/service in compliance with the Department’s values in Annotated Code of Maryland, Health General, Title 7; 8. Demonstrate financial integrity through IRS, Department, and Medicaid Exclusion List checks; 9. Have a signed DDA Provider Agreement to Conditions for Participation Complete and sign any agreements required by MDH or DDA; and

State:	
Effective Date	

			<p>10. Have a signed Medicaid provider agreement.</p> <p>Individuals providing services for participants self directing their services must meet the standards 1 through 4 noted above and submit forms and documentation as required by the Fiscal Management Service (FMS) agency. FMS must ensure the individual or entity performing the service meets the qualifications.</p>
Organized Health Care Delivery System Provider			<p>Agencies must meet the following standards:</p> <ol style="list-style-type: none"> 1. Be certified or licensed by the DDA to provide at least one Medicaid waiver service; and 2. Complete the DDA provider application to be an Organized Health Care Delivery Services provider. <p>OHCDS providers shall verify the licenses, credentials, and experience of all professionals with whom they contract or employs and have a copy of the same available upon request.</p> <p>Environmental Assessment Professional requirements:</p> <ol style="list-style-type: none"> 1. Employ or contract staff licensed by the Maryland Board of Occupational Therapy Practice as a licensed Occupational Therapist in Maryland or 2. Contract with a Division of Rehabilitation Services (DORS) approved vendor

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Environmental Assessment Professional	<ol style="list-style-type: none"> 1. DDA for certified Environmental Assessment Professional 2. FMS provider, as described in Appendix E, for participants self-directing services 	<ol style="list-style-type: none"> 1. DDA – Initial and at least every three years 2. FMS provider - prior to initial services and continuing thereafter

State:	
Effective Date	

Organized Health Care Delivery System Provider	<ol style="list-style-type: none"> 1. DDA for OHCDS 2. OHCDS provider will verify Occupational Therapist (OT) license and DORS approved vendor 	<ol style="list-style-type: none"> 1. OHCDS – Initial and at least every three years 2. OT license and DORS approved vendor - prior to service delivery and continuing thereafter
--	--	---

Service Type: Other Service

Service (Name):

Alternative Service Title: **ENVIRONMENTAL MODIFICATIONS**

Service Specification	
HCBS Taxonomy	
Category 1:	Sub-Category 1:
14: Equipment, Technology, and Modifications	14020 home and/or vehicle accessibility adaptations
Service Definition (Scope):	
<p>A. Environmental modifications are physical modifications to the participant’s home based on an assessment designed to support the participant’s efforts to function with greater independence or to create a safer, healthier environment.</p> <p>B. Environmental Modifications include:</p> <ol style="list-style-type: none"> 1. <u>The following types of environmental modifications:</u> <ol style="list-style-type: none"> a. Installation of grab bars; b. Construction of access ramps and railings; c. Installation of detectable warnings on walking surfaces; d. Alerting devices for participant who has a hearing or sight impairment; e. Adaptations to the electrical, telephone, and lighting systems; f. Generator to support medical and health devices that require electricity; g. Widening of doorways and halls; h. Door openers; i. Installation of lifts and stair glides (with the exception of elevators), such as overhead lift systems and vertical lifts; j. Bathroom modifications for accessibility and independence with self-care; k. Kitchens modifications for accessibility and independence; l. Alarms or locks on windows, doors, and fences; protective padding on walls, floors, or pipes; Plexiglas, safety glass, a protected glass coating on windows; outside gates and fences; brackets for appliances; raised/lowered electrical switches and sockets; and safety screen doors which are necessary for the health, welfare, and safety of the participant; 2. Training on use of modification; and 3. Service and maintenance of the modification. <p>C. <u>Environmental Modifications do not include</u>Not covered under this service are improvements to the home, such as carpeting, roof repair, decks, and central air conditioning, which:</p> <ol style="list-style-type: none"> 1. <u>Improvements to the residence that:</u> <ol style="list-style-type: none"> a. Are of general utility; 	

State:	
Effective Date	

- b. Are not of direct medical or remedial benefit to the participant or otherwise meets the needs of the participant as defined in Sections A-B above; or
- c. Add to the home's total square footage, unless the construction is necessary, reasonable, and directly related to the participant's primary residence; or accessibility needs of the participant.
- d. Are required by local, county, or State law when purchasing or licensing a residence;
- ~~1-2.~~ A generator for use other than to support the participant's medical and health devices that require electricity for safe operations; or
- ~~2-3.~~ An elevator.

SERVICE REQUIREMENTS:

- A. If an ~~An~~ Environmental ~~a~~Assessment is required prior to authorization of Environmental Modification services, then it must be completed by as per the environmental assessment waiver services requirements.
 - 1. If the estimated cost of the requested Environmental Modification is equal to or greater than \$2,000, then the participant must receive an Environmental Assessment, performed in a reasonable amount of time prior to installation of an Environmental Modification~~Environmental Modifications recommended by the team that cost up to \$2,000 does not require a formal assessment.~~
 - ~~1-2.~~ If the estimated cost of the requested Environmental Modification is less than \$2,000, then an Environmental Assessment is not required.
- B. Unless otherwise approved by the DDA, if~~h~~ the requested Environmental Modification ~~modification~~ is estimated to cost over \$2,000 over a 12-month period, then the participant must provide at least three bids ~~are required (unless otherwise approved by DDA).~~
- C. If the requested Environmental Modification restricts the participant's rights, as set forth in Title 7 of the Health-General Article of the Maryland Annotated Code or COMAR Title 10, Subtitle 22, then the need for the restriction must be set forth in the participant's behavior plan in accordance with applicable regulations and policies governing restrictions of participant rights, behavior plans, and positive behavior supports.~~All restrictive adaptive measures such as locked windows, doors, and fences must be included in the participants approved behavior plan as per DDA's policy on positive behaviors supports.~~
- D. For a participant to be eligible to receive Environmental Modification services funded by the Waiver program, either:
 - 1. The participant is the owner of the primary residence; or
 - 2. If the participant is not the owner of the primary residence, the property manager or owner of the primary residence provides in writing:
 - a. Approval for the requested Environmental Modification; and
 - b. Agreement that the participant will be allowed to remain in the primary residence for at least one year.
- ~~D. All modifications shall be pre-approved by the property manager or owner of the home, if not the participant, who agrees that the participant will be allowed to remain in the residence at least one year.~~
- ~~E. Environmental modifications services provided by a family member or relative are not covered.~~
- ~~F. Excluded modifications includes elevators.~~
- E. Deliverable Requirements:
 - 1. Prior to installation, the provider must obtain any required permits or approvals from State or local governmental units for the Environmental Modification.
 - 2. The provider must provide this Waiver program service in accordance with a written schedule that:
 - a. The provider provides to the participant and the Coordinator of Community Services prior to commencement of the work; and
 - b. Indicates an estimated start date and completion date
 - 3. The provider must provide progress reports regarding work to the participant, the Coordinator of Community Services, the Fiscal Management Services provider, and, if applicable, the property owner.

State:	
Effective Date	

4. The provider must perform all work in accordance with applicable laws and regulations, including, but not limited to, the Americans with Disabilities Act and State and local building codes.

5. The provider must obtain any final inspections and ensure work passes required inspections.

6. Upon delivery to the participant (including installation) or maintenance performed, the Environmental Modification must be in good operating condition and repair in accordance with applicable specifications.

F. A legally responsible person, relative, or legal guardian of the participant cannot be paid by the Waiver program, either directly or indirectly, to provide this Waiver program service.
~~Excluded are those adaptations or improvements to the home that are of general utility, and are not of direct medical or remedial benefit to the participant. Adaptations that add to the total square footage of the home are excluded from this benefit except when necessary to complete an adaptation (e.g., in order to improve entrance/egress to a residence or to configure a bathroom to accommodate a wheelchair).~~

G. ~~Not covered under this service is the purchase of a generator for use other than to support medical and health devices used by the participant that require electricity.~~

H.G. Prior to accessing DDA funding for this service, all other available and appropriate funding sources, including those offered by Maryland Medicaid State Plan, Division of Rehabilitation Services (“DORS”), State Department of Education, and Department of Human Services, must be explored and exhausted to the extent applicable. These efforts must be documented in the participant’s file.

I.H. To the extent that any listed services are covered under the Medicaid State Plan, the services under the waiver would be limited to additional services not otherwise covered under the Medicaid State Plan, but consistent with waiver objectives of avoiding institutionalization.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Cost of services must be customary, reasonable, and may not exceed a total of \$15,000 every three years.

Service Delivery Method <i>(check each that applies):</i>	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed
---	-------------------------------------	---	-------------------------------------	------------------

Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative	<input type="checkbox"/>	Legal Guardian
--	--------------------------	----------------------------	--------------------------	----------	--------------------------	----------------

Provider Specifications

Provider Category(s) <i>(check one or both):</i>	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
		Environmental Modifications		Organized Health Care Delivery System Provider
		Professional		

Provider Qualifications

Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
Environmental Modifications Professional			Individual must complete the DDA provider application and be certified based on compliance with meeting the following standards:

State:	
Effective Date	

			<ol style="list-style-type: none"> 1. Be at least 18 years old; 2. Be a licensed home contractor or Division of Rehabilitation Services (DORS) approved vendor; 3. Be properly licensed or certified by the State; 4. <u>Obtain and maintain Commercial General Liability Insurance;</u> 5. <u>Obtain and maintain worker’s compensation insurance sufficient to cover all employees, if any;</u> 4-6. Be bonded as is legally required; 5-7. Complete required orientation and training designated by DDA; 6-8. <u>Complete necessary pre/in-service training based on the Person-Centered Plan and DDA required training prior to service delivery;</u> 7-9. Have three (3) professional references which attest to the provider’s ability to deliver the support/service in compliance with the Department’s values in Annotated Code of Maryland, Health General, Title 7; 8-10. <u>Demonstrate financial integrity through IRS, Department, and Medicaid Exclusion List checks;</u> 9-11. <u>Have a signed DDA Provider Agreement to Conditions for Participation Complete and sign any agreements required by MDH or DDA; and</u> 10-12. <u>Have a signed Medicaid Provider Agreement.</u> <p>Individuals providing services for participants self-directing their services must meet the standards 1 through 4 noted above and submit forms and documentation as required by the Fiscal Management Service (FMS) agency. FMS must ensure the individual or entity performing the service meets the qualifications.</p> <p>Environmental Modification Professional shall:</p>
--	--	--	---

State:	
Effective Date	

			<ol style="list-style-type: none"> 1. Ensure all staff, contractors and subcontractors meet required qualifications including verify the licenses and credentials of all individuals whom the contractor employs or with whom the provider has a contract with and have a copy of same available for inspection 2. Obtain, in accordance with Department of Labor and Licensing requirements, a Home Improvement License for projects which may be required to complete where an existing home structure is modified (such as a stair glide) as applicable; and 3. Ensure all home contractors and subcontractors of services shall: <ol style="list-style-type: none"> a. Be properly licensed or certified by the State; b. Be in good standing with the Department of Assessments and Taxation to provide the service; c. <u>Obtain and maintain Commercial General Liability Insurance; and</u> d. <u>Obtain and maintain worker’s compensation insurance sufficient to cover all employees, if any;</u> e. Be bonded as is legally required; d. Obtain all required State and local permits; e. Obtain final required inspections; f. Perform all work in accordance with ADA, State and local building codes; g. Ensure that the work passes the required inspections including as performed in accordance with ADA, State and local building codes; and h.e. Provide services according to a written schedule indicating an estimated start date and completion date and progress
--	--	--	--

State:	
Effective Date	

			<p>reports as indicated in the written schedule.</p>
<p>Organized Health Care Delivery System Provider</p>			<p>Agencies must meet the following standards:</p> <ol style="list-style-type: none"> 1. Be certified or licensed by the DDA to provide at least one Medicaid waiver service; and 2. Complete the DDA provider application to be an Organized Health Care Delivery Services provider. <p>OHCDS providers shall ensure the following requirements and verify the licenses, credentials, and experience of all professionals with whom they contract or employs and have a copy of the same available upon request including:</p> <ol style="list-style-type: none"> 1. Be licensed home contractors or Division of Rehabilitation Services (DORS) approved vendors; 2. All staff, contractors and subcontractors meet required qualifications including verify the licenses and credentials of all individuals whom the contractor employs or with whom the provider has a contract with and have a copy of same available for inspection; 3. Obtain, in accordance with Department of Labor and Licensing requirements, a Home Improvement License for projects which may be required to complete where an existing home structure is modified (such as a stair glide) as applicable; and 4. All home contractors and subcontractors of services shall: <ol style="list-style-type: none"> a. Be properly licensed or certified by the State; b. Be in good standing with the Department of Assessments and Taxation to provide the service; c. <u>Maintain Commercial General Liability Insurance; and</u> e. Be bonded as is legally required; d. Obtain all required State and local permits;

State:	
Effective Date	

			<p>e. Obtain final required inspections;</p> <p>f. Perform all work in accordance with ADA, State and local building codes;</p> <p>g. Ensure that the work passes the required inspections including as performed in accordance with ADA, State and local building codes; and</p> <p>h.d. Provide services according to a written schedule indicating an estimated start date and completion date and progress reports as indicated in the written schedule.</p>

Verification of Provider Qualifications		
Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Environmental Modifications Professional	<ol style="list-style-type: none"> DDA for certified Environmental Modifications professional FMS providers, as described in Appendix E, for participants self-directing services 	<ol style="list-style-type: none"> DDA – Initial and at least every three years FMS provider - prior to service delivery and continuing thereafter
Organized Health Care Delivery System Provider	<ol style="list-style-type: none"> DDA for approval of the OHCDs Organized Health Care Delivery System provider for verification of the contractors and subcontractors to meet required qualifications 	<ol style="list-style-type: none"> DDA - Initial and at least every three years OHCDs - Contractors and subcontractors prior to service delivery and continuing thereafter

Service Type: Other
 Service (Name): **FAMILY AND PEER MENTORING SUPPORTS**

Service Specification	
HCBS Taxonomy	
Category 1:	Sub-Category 1:
9: Caregiver Support	09020 caregiver counseling and/or training
Category 2:	Sub-Category 2:
13: Participant Training	13010 participant training

State:	
Effective Date	

<p>Service Definition (Scope):</p> <p>A. Family and Peer Mentoring Supports provide mentors who have shared experiences as the participant, family, or both participant and family and who provide support and guidance to the participant and his or her family members. Family and Peer mentors explain community services, programs, and strategies they have used to achieve the waiver participant’s goals. It fosters connections and relationships which builds the resilience of the participant and his or her family.</p> <p><u>B.</u> Family and Peer Mentoring Supports services encourage participants and their family members to share their successful strategies and experiences in navigating a broad range of community resources beyond those offered through the waiver with other waiver participants and their families.</p> <p><u>C.</u> <u>Family and Peer Mentoring supports includes:</u></p> <ol style="list-style-type: none"> <u>1. Facilitation of connection between:</u> <ol style="list-style-type: none"> <u>a. The participant and the participant’s relatives; and</u> <u>b. A mentor; and</u> <u>2. Follow-up support to assure the match between the mentor and the participant and the participant’s relatives meets peer expectations.</u> <p><u>D.</u> <u>Family and Peer Mentoring Supports do not include:</u></p> <ol style="list-style-type: none"> <u>1. Provision of Coordination of Community Services;</u> <u>2. Determination of participant eligibility for enrollment in the Waiver program, as described in Appendix B;</u> <u>3. Development of the person-centered plan, as described in Appendix D;</u> <u>4. Support Broker services, as described in Appendices C and E.</u> <p>SERVICE REQUIREMENTS:</p> <p>A. Family and Peer Mentoring Supports are provided from an experienced peer mentor, parent or other family member to a peer, another parent or family caregiver who is the primary unpaid support to the participant.</p> <p>B. Family and Peer Mentoring Supports include supports to siblings from others with shared experiences.</p> <p>C. Family and Peer Mentoring Supports include facilitation of peer, parent, or family member "matches" and follow up support to assure the matched relationship meets peer expectations.</p> <p>D. Family and Peer Mentoring Supports do not provide targeted case management services to a waiver participant; peer mentoring does not include determination of level of care, functional or financial eligibility for services or person-centered service planning.</p> <p>E. Family and Peer Mentoring Supports may not duplicate, replace, or supplant Coordination of Community Service or Support Broker Services. This service, limited in nature, is aimed at providing support and advice based on lived experience of a family member or self-advocate.</p> <p><u>F.B.</u> Support needs for peer mentoring are identified in the participant's Person-Centered Plan.</p> <p><u>C.</u> The mentor can be an individual with developmental disabilities or the member of a family that includes an individual with developmental disabilities.</p> <p>G.D. <u>Mentors cannot mentor their own family members. A legally responsible person, relative, or legal guardian of the participant cannot be paid by the Waiver program, either directly or indirectly, to provide this Waiver program service.</u></p> <p><u>H.E.</u> Prior to accessing DDA funding for this service, all other available and appropriate funding sources, including those offered by Maryland Medicaid State Plan, Division of Rehabilitation Services (“DORS”), State Department of Education, and Department of Human Services, must be explored and exhausted to the extent applicable. These efforts must be documented in the participant’s file.</p>	
<p>Specify applicable (if any) limits on the amount, frequency, or duration of this service:</p>	
<p>Peer and Family Mentoring Services are limited to 8 hours per day.</p>	

State:	
Effective Date	

Service Delivery Method <i>(check each that applies):</i>	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed
Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative
	<input type="checkbox"/>		<input type="checkbox"/>	Legal Guardian
Provider Specifications				
Provider Category(s) <i>(check one or both):</i>	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
		Family or Peer Mentor		Family and Peer Mentoring Provider
Provider Qualifications				
Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>	
Family or Peer Mentor			Individual must complete the DDA provider application and be certified based on compliance with meeting the following standards: <ol style="list-style-type: none"> 1. Be at least 18 years old; 2. Have a Bachelor's Degree or demonstrated life experiences and skills to provide the service; 3. Possess current first aid and CPR certification; 4. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a; 5. Possess a valid driver's license, if the operation of a vehicle is necessary to provide services; 6. Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of services; 7. Complete required orientation and training designated by DDA; 8. Complete necessary pre/in-service training based on the Person-Centered Plan and DDA required training prior to service delivery; 9. Have three (3) professional references which attest to the provider's ability to deliver the support/service in compliance with the Department's values in Annotated Code of Maryland, Health General, Title 7; 	

State:	
Effective Date	

			<p>10. Demonstrate financial integrity through IRS, Department, and Medicaid Exclusion List checks;</p> <p>11. Have a signed DDA Provider Agreement to Conditions for Participation<u>Complete and sign any agreements required by MDH or DDA</u>; and</p> <p>12. Have a signed Medicaid Provider Agreement.</p> <p>Individuals providing services for participants self-directing their services must meet the standards 1 through 6 noted above and submit forms and documentation as required by the Fiscal Management Service (FMS) agency. FMS must ensure the individual or entity performing the service meets the qualifications.</p>
<p>Family and Peer Mentoring Provider</p>			<p>Agencies must meet the following standards:</p> <ol style="list-style-type: none"> 1. Complete the DDA provider application and be certified based on compliance with meeting all of the following standards: <ol style="list-style-type: none"> A. Be properly organized as a Maryland corporation, or, if operating as a foreign corporation, be properly registered to do business in Maryland; B. A minimum of five (5) years demonstrated experience and capacity with providing quality similar services such as self-advocacy and parent organizations; C. Have a governing body that is legally responsible for overseeing the management and operation of all programs conducted by the licensee including ensuring that each aspect of the agency’s programs operates in compliance with all local, State, and federal requirements, applicable laws, and regulations; D. Demonstrate the capability to provide or arrange for the provision of all services required by submitting, at a minimum, the

State:	
Effective Date	

			<p>following documents with the application:</p> <ol style="list-style-type: none"> (1) A program service plan that details the agencies service delivery model; (2) A business plan that clearly demonstrates the ability of the agency to provide services; (3) A written quality assurance plan to be approved by the DDA; (4) A summary of the applicant's demonstrated experience in the field of developmental disabilities; and (5) Prior licensing reports issued within the previous 10 years from any in-State or out-of-State entity associated with the applicant, including deficiency reports and compliance records. <p>E. If currently licensed or certified, produce, upon written request from the DDA, the documents required under D.</p> <p>F. Be in good standing with the IRS and Maryland Department of Assessments and Taxation;</p> <p>G. Have Workers' Compensation Insurance;</p> <p>H. Have Commercial General Liability Insurance;</p> <p>I. Submit results from required criminal background checks, Medicaid Exclusion List, and child protective clearances as provided in Appendix C-2-a and per DDA policy;</p> <p>J. Submit documentation of staff certifications, licenses, and/or trainings as required to perform services;</p> <p>K. Complete required orientation and training;</p> <p>L. Comply with the DDA standards related to provider qualifications; and</p> <p>M. Have a signed DDA Provider Agreement to Conditions for Participation Complete and sign</p>
--	--	--	---

State:	
Effective Date	

			<p><u>any agreements required by MDH or DDA.</u></p> <ol style="list-style-type: none"> 2. Have a signed Medicaid provider agreement; 3. Have documentation that all vehicles used in the provision of services have automobile insurance; and 4. Submit a provider renewal application at least 60 days before expiration of its existing approval as per DDA policy. <p>The DDA Deputy Secretary may waive the requirements noted above if an agency is licensed or certified by another State agency or accredited by a national accreditation agency, such as the Council on Quality and Leadership or the Council for Accreditation for Rehabilitation Facilities (CARF) for similar services for individuals with developmental disabilities, and be in good standing with the IRS and Maryland Department of Assessments and Taxation</p> <p>Staff working for or contracted with the agency as well as volunteers utilized in providing any direct support services or spend any time alone with a participant must meet the following minimum standards:</p> <ol style="list-style-type: none"> 1. Be at least 18 years old; 2. Have a Bachelor’s Degree or demonstrated life experiences and skills to provide the service; 3. Possess current first aid and CPR certification; 4. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a; 5. Complete necessary pre/in-service training based on the Person-Centered Plan; 6. Complete the training designated by DDA. After July 1, 2019, all new hires must complete the DDA required training prior to independent service delivery.
--	--	--	--

State:	
Effective Date	

			<ol style="list-style-type: none"> 7. Possess a valid driver’s license, if the operation of a vehicle is necessary to provide services; and 8. Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of services.

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Family or Peer Mentor	<ol style="list-style-type: none"> 1. DDA for certified Family and Peer Mentors 2. FMS provider, as described in Appendix E, for participants self-directing services 	<ol style="list-style-type: none"> 1. DDA – Initial and at least every three years 2. FMS provider - prior to service delivery and continuing thereafter
Family and Peer Mentoring Provider	<ol style="list-style-type: none"> 1. DDA for approval of Family and Peer Mentoring Provider 2. Provider for staff standards 	<ol style="list-style-type: none"> 1. DDA - Initial and at least every three years 2. Provider - prior to service delivery and continuing thereafter

Service Type: Other

Service (Name): **FAMILY CAREGIVER TRAINING AND EMPOWERMENT SERVICES**

Service Specification	
HCBS Taxonomy	
Category 1:	Sub-Category 1:
9: Caregiver Support	09020 caregiver counseling and/or training
Service Definition (Scope):	
<p>A. Family Caregiver Training and Empowerment services provide education and support to the family caregiver of a participant that preserves the family unit and increases confidence, stamina and empowerment to support the participant. Education and training activities are based on the family/caregiver’s unique needs and are specifically identified in the Person-Centered Plan.</p> <p>B. This service includes educational materials, training programs, workshops and conferences that help the family caregiver to:</p> <ol style="list-style-type: none"> 1. Understand the disability of the person supported; 2. Achieve greater competence and confidence in providing supports; 3. Develop and access community and other resources and supports; 4. Develop or enhance key parenting strategies; 5. Develop advocacy skills; and 6. Support the person in developing self-advocacy skills. <p>C. <u>Family Caregiver Training and Empowerment does not include the cost of travel, meals, or overnight lodging as per federal requirements.</u></p>	

State:	
Effective Date	

D. A legally responsible person, relative, or legal guardian of the participant cannot be paid by the Waiver program, either directly or indirectly, to provide this Waiver program service

SERVICE REQUIREMENTS

- A. Family Caregiver Training and Empowerment is offered only for a family caregiver who is providing unpaid support, training, companionship, or supervision for a person participating in the waiver participant who is currently living in the family home.
- B. ~~Family Caregiver Training and Empowerment does not include the cost of travel, meals, or overnight lodging as per federal requirements.~~
- C. Prior to accessing DDA funding for this service, all other available and appropriate funding sources, including those offered by Maryland Medicaid State Plan, Division of Rehabilitation Services (“DORS”), State Department of Education, and Department of Human Services, must be explored and exhausted to the extent applicable. These efforts must be documented in the participant’s file.
- D. To the extent that any listed services are covered under the State plan, the services under the waiver would be limited to additional services not otherwise covered under the State plan, but consistent with waiver objectives of avoiding institutionalization.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

1. Family Caregiver Training and Empowerment services are limited to a maximum of 10 hours of training for unpaid family caregiver per participant per year.
2. Educational materials and training programs, workshops and conferences registration costs for unpaid family caregiver is limited to up to \$500 per participant per year.

Service Delivery Method <i>(check each that applies):</i>	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed
Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative
	<input type="checkbox"/>		<input type="checkbox"/>	Legal Guardian
Provider Specifications				
Provider Category(s) <i>(check one or both):</i>	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
		Family Support Professional		Parent Support Agency
Provider Qualifications				
Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>	
Family Support Professional			Individual must complete the DDA provider application and be certified based on compliance with meeting the following standards: <ol style="list-style-type: none"> 1. Be at least 18 years old; 2. Have a Bachelor’s Degree or demonstrated life experiences and skills to provide the service; 3. Complete required orientation and training designated by DDA; 	

State:	
Effective Date	

			<p>4. Complete necessary pre/in-service training based on the Person-Centered Plan and DDA required training prior to service delivery;</p> <p>5.4. Have three (3) professional references which attest to the provider’s ability to deliver the support/service in compliance with the Department’s values in Annotated Code of Maryland, Health General, Title 7;</p> <p>6.5. Demonstrate financial integrity through IRS, Department, and Medicaid Exclusion List checks;</p> <p>7.6. Have a signed DDA Provider Agreement to Conditions for Participation <u>Complete and sign any agreements required by MDH or DDA;</u> and</p> <p>8.7. Have a signed Medicaid Provider Agreement.</p> <p>Individuals providing services for participants self-directing their services must meet the standards 1 and 2 noted above and submit forms and documentation as required by the Fiscal Management Service (FMS) agency. FMS must ensure the individual or entity performing the service meets the qualifications.</p>
<p>Parent Support Agency</p>			<p>Agencies must meet the following standards:</p> <ol style="list-style-type: none"> 1. Complete the DDA provider application and be certified based on compliance with meeting all of the following standards: <ol style="list-style-type: none"> A. Be properly organized as a Maryland corporation, or, if operating as a foreign corporation, be properly registered to do business in Maryland; B. A minimum of five (5) years demonstrated experience and capacity with providing quality similar services; C. Have a governing body that is legally responsible for overseeing

State:	
Effective Date	

			<p>the management and operation of all programs conducted by the licensee including ensuring that each aspect of the agency’s programs operates in compliance with all local, State, and federal requirements, applicable laws, and regulations;</p> <p>D. Demonstrate the capability to provide or arrange for the provision of all services required by submitting, at a minimum, the following documents with the application:</p> <ol style="list-style-type: none"> (1) A program service plan that details the agencies service delivery model; (2) A business plan that clearly demonstrates the ability of the agency to provide services; (3) A written quality assurance plan to be approved by the DDA; (4) A summary of the applicant's demonstrated experience in the field of developmental disabilities; and (5) Prior licensing reports issued within the previous 10 years from any in-State or out-of-State entity associated with the applicant, including deficiency reports and compliance records. <p>E. If currently licensed or certified, produce, upon written request from the DDA, the documents required under D.</p> <p>F. Be in good standing with the IRS and Maryland Department of Assessments and Taxation;</p> <p>G. Have Workers’ Compensation Insurance;</p> <p>H. Have Commercial General Liability Insurance;</p> <p>I. Submit results from required criminal background checks, Medicaid Exclusion List, and child protective clearances as provided in Appendix C-2-a and per DDA policy;</p>
--	--	--	--

State:	
Effective Date	

			<ul style="list-style-type: none"> J. Submit documentation of staff certifications, licenses, and/or trainings as required to perform services; K. Complete required orientation and training; L. Comply with the DDA standards related to provider qualifications; and M. Have a signed DDA Provider Agreement to Conditions for Participation <u>Complete and sign any agreements required by MDH or DDA.</u> <ol style="list-style-type: none"> 2. Have a signed Medicaid provider agreement; 3. Have documentation that all vehicles used in the provision of services have automobile insurance; and 4. Submit a provider renewal application at least 60 days before expiration of its existing approval as per DDA policy. <p>The DDA Deputy Secretary may waive the requirements noted above if an agency is licensed or certified by another State agency or accredited by a national accreditation agency, such as the Council on Quality and Leadership or the Council for Accreditation for Rehabilitation Facilities (CARF) for similar services for individuals with developmental disabilities, and be in good standing with the IRS and Maryland Department of Assessments and Taxation</p> <p>Staff working for or contracted with the agency as well as volunteers utilized in providing any direct support services or spend any time alone with a participant must meet the following minimum standards:</p> <ol style="list-style-type: none"> 1. Be at least 18 years old; 2. Have a Bachelor’s Degree, professional licensure; certification by a nationally recognized program; or demonstrated life experiences and skills to provide the service;
--	--	--	---

State:	
Effective Date	

			<ol style="list-style-type: none"> 3. Complete necessary pre/in-service training based on the Person-Centered Plan; and 4. Complete the training designated by DDA. After July 1, 2019, all new hires must complete the DDA required training prior to independent service delivery.
Verification of Provider Qualifications			
Provider Type:	Entity Responsible for Verification:		Frequency of Verification
Family Supports Professional	<ol style="list-style-type: none"> 1. DDA for certified Family Supports Professional 2. FMS provider, as described in Appendix E, for participants self-directing services 		<ol style="list-style-type: none"> 1. DDA – Initial and at least every three years 2. FMS – Initially and continuing thereafter
Parent Support Agency	<ol style="list-style-type: none"> 1. DDA for approval of Parent Support Agencies 2. Parent Support Agency for staff qualifications and requirements 		<ol style="list-style-type: none"> 1. DDA – Initial and at least every three years 2. Parent Support Agency – prior to service delivery and continuing

Service Type: Other

Service (Name): **HOUSING SUPPORT SERVICES**

Service Specification	
HCBS Taxonomy	
Category 1:	Sub-Category 1:
17: Other Services	17030 Housing Consultation
Service Definition (Scope):	
<p>A. Housing Support Services are time-limited supports to help participants to <u>identify and</u> navigate housing opportunities; address or overcome barriers to housing; and secure and retain their own home.</p> <p>B. Housing Support Services include:</p> <ol style="list-style-type: none"> 1. Housing Information and Assistance to obtain and retain independent housing; 2. Housing Transition Services to assessing housing needs and develop individualized housing support plan; and 3. Housing Tenancy Sustaining Services which assist the individual to maintain living in their rented or leased home. <p>C. <u>Housing Information and Assistance includes:</u></p> <ol style="list-style-type: none"> 1. <u>Reviewing housing programs’ rules and requirements and their applicability to the participant;</u> 2. <u>Searching for housing;</u> 3. <u>Assistance with processes for applying for housing and housing assistance programs;</u> 	

State:	
Effective Date	

4. Assessing the living environment to determine it meets accessibility needs, is safe, and ready for move-in;
5. Requesting reasonable accommodations in accordance with the Fair Housing Act to support a person with a disability equal opportunity to use and enjoy a dwelling unit, including public and common use areas;
6. Identifying resources for security deposits, moving costs, furnishings, assistive technology, environmental modifications, utilities, and other one-time costs;
7. Reviewing the lease and other documents, including property rules, prior to signing;
8. Developing, reviewing and revising a monthly budget, including a rent and utility payment plan;
9. Identifying and addressing housing challenges such as credit and rental history, criminal background, and behaviors; and
10. Assistance with resolving disputes.

D. Housing Transition Services includes:

1. Conducting a tenant screening and housing assessment including collecting information on potential housing barriers and identification of potential housing retention challenges;
2. Developing an individualized housing support plan that is incorporated in the participant’s Person-Centered Plan and that includes:
 - a. Short and long-term goals;
 - b. Strategies to address identified barriers including prevention and early intervention services when housing is jeopardized; and
 - c. Natural supports, resources, community providers, and services to support goals and strategies.

E. Housing Tenancy Sustaining Services assist the participant to maintain living in their rented or leased home, and includes:

1. Education and training on the role, rights and responsibilities of the tenant and landlord; how to be a good tenant; and lease compliance;
2. Coaching to develop and maintain key relationships with landlord/property manager and neighbors;
3. Assistance with housing recertification process;
4. Early identification and intervention for behaviors that jeopardize tenancy;
5. Assistance with resolving disputes with landlords and/or neighbors;
6. Advocacy and linkage with community resources to prevent eviction; and
Coordinating with the individual to review, update and modify the housing support plan

SERVICE REQUIREMENT:

A. The participant must be 18 years of age or older.

B. A housing support plan must be completed in accordance with the following requirements:

1. The housing support plan must be incorporated into the participant’s person-centered plan.
 2. The housing support plan must contain the following components:
 - a. A description of the participant’s barriers to obtaining and retaining housing;
 - b. The participant’s short and long-term housing goals;
 - c. Strategies to address the participant’s identified barriers, including prevention and early intervention services when housing is jeopardized; and
 - d. Natural supports, resources, community-based service providers, and services to support the goals and strategies identified in the housing support plan.
- ~~a. Housing Information and Assistance including:~~
- ~~1. Housing programs’ rules and requirements and their applicability to the participant;~~

State:	
Effective Date	

- ~~2. Searching for housing;~~
- ~~3. Housing application processes including obtaining documentation necessary to secure housing such as State identification, birth certificate, Social Security card, and income and benefit information;~~
- ~~4. Assessing the living environment to determine it meets accessibility needs, is safe, and ready for move in;~~
- ~~5. Requesting reasonable accommodations in accordance with the Fair Housing Act to support a person with a disability equal opportunity to use and enjoy a dwelling unit, including public and common use areas;~~
- ~~6. Identifying resources for security deposits, moving costs, furnishings, assistive technology, environmental modifications, utilities, and other one-time costs;~~
- ~~7. Reviewing the lease and other documents, including property rules, prior to signing;~~
- ~~8. Developing, reviewing and revising a monthly budget, including a rent and utility payment plan;~~
- ~~9. Identifying and addressing housing challenges such as credit and rental history, criminal background, and behaviors; and~~
- ~~10. Assistance with resolving disputes~~
- B. Housing Transition Services including:**
 - ~~1. Conducting a tenant screening and housing assessment including collecting information on potential housing barriers and identification of potential housing retention challenges;~~
 - ~~2. Developing an individualized housing support plan that is incorporated in the participant’s Person-Centered Plan and that includes:

 - ~~(a) Short and long-term goals;~~
 - ~~(b) Strategies to address identified barriers including prevention and early intervention services when housing is jeopardized; and~~
 - ~~(c) Natural supports, resources, community providers, and services to support goals and strategies.~~~~
- C. Housing Tenancy Sustaining Services which assist the participant to maintain living in their rented or leased home including:**
 - ~~1. Education and training on the role, rights and responsibilities of the tenant and landlord; how to be a good tenant; and lease compliance;~~
 - ~~2. Coaching to develop and maintain key relationships with landlord/property manager and neighbors;~~
 - ~~3. Assistance with housing recertification process;~~
 - ~~4. Early identification and intervention for behaviors that jeopardize tenancy;~~
 - ~~5. Assistance with resolving disputes with landlords and/or neighbors;~~
 - ~~6. Advocacy and linkage with community resources to prevent eviction; and~~
 - ~~7. Coordinating with the individual to review, update and modify the housing support plan.~~
- C.** The services and supports must be provided consistent with programs available through the US Department of Housing and Urban Development, the Maryland Department of Housing and Community Development, and applicable federal, State and local laws, regulations, and policies.
- D.** A legally responsible person, relative, or legal guardian of the participant cannot be paid by the Waiver program, either directly or indirectly, to provide this Waiver program service.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Housing Support Services are limited to 8 hours per day and may not exceed a maximum of 175 hours annually.

Service Delivery Method <i>(check each that applies):</i>	X	Participant-directed as specified in Appendix E	X	Provider managed
---	---	---	---	------------------

State:	
Effective Date	

Specify whether the service may be provided by (<i>check each that applies</i>):	<input type="checkbox"/>	Legally Responsible Person		Relative		Legal Guardian
Provider Specifications						
Provider Category(s) (<i>check one or both</i>):	X	Individual. List types:	X	Agency. List the types of agencies:		
		Housing Support Professional		Housing Support Service Provider		
Provider Qualifications						
Provider Type:	License (<i>specify</i>)	Certificate (<i>specify</i>)	Other Standard (<i>specify</i>)			
Housing Support Professional			Individual must complete the DDA provider application and be certified based on compliance with meeting the following standards: <ol style="list-style-type: none"> 1. Be at least 18 years old; 2. Have a GED or high school diploma; 3. Training for the following: <ol style="list-style-type: none"> (a) Conducting a housing assessment; (b) Person-centered planning; (c) Knowledge of laws governing housing as they pertain to individuals with disabilities; (d) Affordable housing resources; (e) Leasing processes; (f) Strategies for overcoming housing barriers; (g) Housing search resources and strategies; (h) Eviction processes and strategies for eviction prevention; and (i) Tenant and landlord rights and responsibilities. 4. Possess current first aid and CPR certification; 5. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a; 6. Possess a valid driver’s license, if the operation of a vehicle is necessary to provide services; 7. Have automobile insurance for all automobiles that are owned, leased, 			

State:	
Effective Date	

			<p>and/or hired and used in the provision of services;</p> <ol style="list-style-type: none"> 8. Complete required orientation and training designated by DDA; 9. Complete necessary pre/in-service training based on the Person-Centered Plan and DDA required training prior to service delivery; 10. Have three (3) professional references which attest to the provider’s ability to deliver the support/service in compliance with the Department’s values in Annotated Code of Maryland, Health General, Title 7; 11. Demonstrate financial integrity through IRS, Department, and Medicaid Exclusion List checks; 12. Have a signed DDA Provider Agreement to Conditions for Participation<u>Complete and sign any agreements required by MDH or DDA;</u> and 13. Have a signed Medicaid Provider Agreement. <p>Individuals providing services for participants self-directing their services must meet the standards 1 through 7 noted above and submit forms and documentation as required by the Fiscal Management Service (FMS) agency. FMS must ensure the individual or entity performing the service meets the qualifications.</p>
<p>Housing Support Service Provider</p>			<p>Agencies must meet the following standards:</p> <ol style="list-style-type: none"> 1. Complete the DDA provider application and be certified based on compliance with meeting all of the following standards: <ol style="list-style-type: none"> A. Be properly organized as a Maryland corporation, or, if operating as a foreign corporation, be properly registered to do business in Maryland; B. A minimum of five (5) years demonstrated experience and capacity providing quality housing support services to persons with disabilities who successfully

State:	
Effective Date	

			<p>transitioned to independent renting or similar services;</p> <p>C. Experience with federal affordable housing or rental assistance programs;</p> <p>D. Have a governing body that is legally responsible for overseeing the management and operation of all programs conducted by the licensee including ensuring that each aspect of the agency’s programs operates in compliance with all local, State, and federal requirements, applicable laws, and regulations;</p> <p>E. Demonstrate the capability to provide or arrange for the provision of all services required by submitting, at a minimum, the following documents with the application:</p> <ul style="list-style-type: none"> (1) A program service plan that details the agencies service delivery model; (2) A business plan that clearly demonstrates the ability of the agency to provide services; (3) A written quality assurance plan to be approved by the DDA; (4) A summary of the applicant's demonstrated experience in the field of developmental disabilities; and (5) Prior licensing reports issued within the previous 10 years from any in-State or out-of-State entity associated with the applicant, including deficiency reports and compliance records. <p>F. Be in good standing with the IRS and Maryland Department of Assessments and Taxation;</p> <p>G. Have Workers’ Compensation Insurance;</p> <p>H. Have Commercial General Liability Insurance;</p> <p>I. Submit results from required criminal background checks, Medicaid Exclusion List, and child</p>
--	--	--	--

State:	
Effective Date	

			<p>protective clearances as provided in Appendix C-2-a and per DDA policy;</p> <ul style="list-style-type: none"> J. Submit documentation of staff certifications, licenses, and/or trainings as required to perform services; K. Complete required orientation and training; L. Comply with the DDA standards related to provider qualifications; and M. <u>Have a signed DDA Provider Agreement to Conditions for Participation</u>Complete and sign any agreements required by MDH or DDA. <ul style="list-style-type: none"> 2. Have a signed Medicaid provider agreement. 3. Have documentation that all vehicles used in the provision of services have automobile insurance; and 4. Submit a provider renewal application at least 60 days before expiration of its existing approval as per DDA policy. <p>The DDA Deputy Secretary may waive the requirements noted above if an agency is licensed or certified by another State agency or accredited by a national accreditation agency, such as the Council on Quality and Leadership or the Council for Accreditation for Rehabilitation Facilities (CARF) for similar services for individuals with developmental disabilities, and be in good standing with the IRS and Maryland Department of Assessments and Taxation</p> <p>Staff working for or contracted with the agency as well as volunteers utilized in providing any direct support services or spend any time alone with a participant must meet the following minimum standards:</p> <ul style="list-style-type: none"> 1. Be at least 18 years old; 2. Have a GED or high school diploma; 3. Possess current first aid and CPR certification;
--	--	--	---

State:	
Effective Date	

			<ol style="list-style-type: none"> 4. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a; 5. Complete necessary pre/in-service training based on the Person-Centered Plan; 6. Complete the training designated by DDA. After July 1, 2019, all new hires must complete the DDA required training prior to independent service delivery. 7. Possess a valid driver’s license, if the operation of a vehicle is necessary to provide services; and 8. Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of services; 9. Housing assistance staff minimum training requirements include: <ol style="list-style-type: none"> (a) Conducting a housing assessment; (b) Person-centered planning; (c) Knowledge of laws governing housing as they pertain to individuals with disabilities; (d) Affordable housing resources; (e) Leasing processes; (f) Strategies for overcoming housing barriers; (g) Housing search resources and strategies; (h) Eviction processes and strategies for eviction prevention; and (i) Tenant and landlord rights and responsibilities.
--	--	--	---

Verification of Provider Qualifications		
Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Housing Support Professional	<ol style="list-style-type: none"> 1. DDA for approval of Housing Support Professional 2. Fiscal Management Service providers for participants self-directing services 	<ol style="list-style-type: none"> 1. DDA – Initial and at least every three years 2. FMS - prior to initial service delivery and continuing thereafter

State:	
Effective Date	

Housing Support Service Provider	1. DDA for verification of provider approval 2. Provider for staff requirements	1. DDA - Initial and at least every three years 2. Provider - prior to service delivery and continuing thereafter
----------------------------------	--	--

Service Type: Other Service

Alternative Service Title: **INDIVIDUAL AND FAMILY DIRECTED GOODS AND SERVICES**

Service Specification	
HCBS Taxonomy	
Category 1:	Sub-Category 1:
17: Other Services	17010 goods and services
Service Definition (Scope):	
<p><u>A.</u> Individual and Family Directed Goods and Services are services, equipment, or supplies that enable the participant to maintain or increase independence and promote opportunities for the participant to live in and be included in the community, relate to a participant’s need or goal identified in the participant’s Person-Centered Plan, and are not available under the Waiver program or Maryland Medicaid Program.</p> <p><u>A-B.</u> Individual and Family Directed Goods and Services are services, equipment, or supplies for self-directing participants that:</p> <ol style="list-style-type: none"> 1. Relate to a need or goal identified in the Person-Centered Plan; 2. Maintain or increase independence; 3. Promote opportunities for community living and inclusion; and 4. Are not available under a waiver service or State Plan services. <p><u>B-C.</u> Individual and Family Directed Goods and Services includes dedicated funding up to \$500 that participants may choose to <u>use for costs associated with support</u> staff recruitment and advertisement efforts such as developing and printing flyers and using staffing registries.</p> <p><u>C-D.</u> Individual and Family Directed Goods and Services decrease the need for Medicaid services, increase community integration, increase the participant’s safety in the home, or support the family in the continued provision of care to the participant.</p> <p><u>D-E.</u> The goods and services <u>only</u> include:</p> <ol style="list-style-type: none"> 1. Fitness memberships; 2. Fitness items that can be purchased at most retail stores; 3. Toothbrushes or electric toothbrushes; 4. Weight loss program services other than food; 5. Dental services recommended by a licensed dentist and not covered by health insurance; 6. Nutritional consultation and supplements recommended by a professional licensed in the relevant field; 7. and 8. Other goods and services that meet the service requirements under A. <u>through D-4 and C.</u> <p><u>E-F.</u> Experimental or prohibited goods and treatments are excluded.</p> <p><u>F-G.</u> Individual and Family Directed Goods and Services do not include services, goods, or items:</p> <ol style="list-style-type: none"> 1. That have no benefit to the participant; 	

State:	
Effective Date	

2. Otherwise covered by the waiver or the Medicaid State Plan Services;
3. Additional units or costs beyond the maximum allowable for any waiver service or Medicaid State Plan, with the exception of a second wheelchair;
4. Co-payment for medical services, over-the-counter medications, or homeopathic services;
5. Items used solely for entertainment or recreational purposes, such as televisions, video recorders, game stations, DVD player, and monthly cable fees;
6. Monthly telephone fees;
7. Room & board, including deposits, rent, and mortgage expenses and payments;
8. Food;
9. Utility charges;
10. Fees associated with telecommunications;
11. Tobacco products, alcohol, marijuana, or illegal drugs;
12. Vacation expenses;
13. Insurance; vehicle maintenance or any other transportation- related expenses;
14. Tickets and related cost to attend recreational events;
15. Personal trainers; spa treatments;
16. Goods or services with costs that significantly exceed community norms for the same or similar good or service;
17. Tuition including post-secondary credit and noncredit courses; educational services otherwise available through a program funded under the Individuals with Disabilities Education Act (IDEA), including private tuition, Applied Behavior Analysis (ABA) in schools, school supplies, tutors, and home schooling activities and supplies;
18. Staff bonuses and housing subsidies;
19. Subscriptions;
20. Training provided to paid caregivers;
21. Services in hospitals;
22. Costs of travel, meals, and overnight lodging for staff, families, and natural support network members to attend a training event or conference;
23. Service animals and associated costs; or
24. Therapeutic interventions to maintain or improve function including art, music, dance, and therapeutic swimming or horseback riding with recommendation from a licensed professional in the relevant field.

SERVICE REQUIREMENTS:

- A. Participant or the designated authorized representative self-directing services on behalf of the participant make decisions on goods and services based on an identified need in the Person-Centered Plan.
- B. Individual and Family Directed Goods and Services must meet the following requirements:
 1. The item or service would decrease the need for other Medicaid services; OR
 2. Promote inclusion in the community; OR
 3. Increase the participant’s safety in the home environment; AND
 4. The item or service is not available through another source.
- C. Individual and Family Directed Goods and Services are purchased from the participant-directed budget and must be documented in the Person-Centered Plan.
- D. Individual and Family Directed Goods and Services must be clearly noted and linked to an assessed participant need established in the Person-Centered Plan.
- E. The goods and services must fit within the participant’s budget without compromising the participant’s health and safety. Individual and Family Directed Goods and Services are purchased from the savings identified and available in the participant’s annual budget in accordance with the following requirements:
 1. Except for \$500 per year for costs associated with recruitment of staff, the DDA will not authorize additional funding for Individual and Family Directed Goods and Services in the participant’s annual budget.

State:	
Effective Date	

- 2. The participant must identify savings in the participant’s annual budget to be used to purchase Individual and Family Directed Goods and Services.
- 3. The identified savings may not be used if doing so would deplete the participant’s annual budget in a manner that compromises the participant’s health or safety.
- 4. The services, equipment, or supplies to be purchased pursuant to this Waiver program service must be documented in the participant’s Person-Centered Plan and authorized by the DDA in accordance with applicable policy.

E.—

- F. The goods and services must provide or direct an exclusive benefit to the participant.
- G. The goods and services must be provided are cost-effective (i.e., the service is available from any source, is least costly to the State, and reasonably meets the identified need)-alternatives to standard waiver or State Plan services (i.e., the service is available from any source, is least costly to the State, and reasonably meets the identified need).
- H. The goods and services may not circumvent other restrictions on the claiming of Federal Financial Participation for waiver services, including the prohibition of claiming for the costs of room and board;
- I. Reimbursement shall be reasonable, customary, and necessary, as determined for the participant’s needs, recommended by the team, and approved by DDA or its designee.
- J. Prior to accessing DDA funding for this service, all other available and appropriate funding sources, including those offered by Maryland Medicaid State Plan, Division of Rehabilitation Services (“DORS”), State Department of Education, and Department of Human Services, must be explored and exhausted to the extent applicable. These efforts must be documented in the participant’s file.
- K. To the extent that any listed services are covered under the State plan, the services under the waiver would be limited to additional services not otherwise covered under the State plan, but consistent with waiver objectives of avoiding institutionalization.
- L. Dedicated funding for staff recruitment and advertisement efforts does not duplicate the Fiscal Management Services.
- M. A legally responsible person, relative, or legal guardian of the participant cannot be paid by the Waiver program, either directly or indirectly, to provide this Waiver program service.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Individual and Family Directed Goods and Services are limited to \$5,500 per year from the total self-directed budget of which \$500 is dedicated to support staff recruitment efforts such as developing and printing flyers and using staffing registries.

Service Delivery Method <i>(check each that applies):</i>	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input type="checkbox"/>	Provider managed
---	-------------------------------------	---	--------------------------	------------------

Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative	<input type="checkbox"/>	Legal Guardian
--	--------------------------	----------------------------	--------------------------	----------	--------------------------	----------------

Provider Specifications

Provider Category(s) <i>(check one or both):</i>	<input checked="" type="checkbox"/>	Individual. List types:	<input type="checkbox"/>	Agency. List the types of agencies:
		Entity – for participants self-directing services		

Provider Qualifications

State:	
Effective Date	

Provider Type:	License (<i>specify</i>)	Certificate (<i>specify</i>)	Other Standard (<i>specify</i>)
Entity – for people self-directing services			Based on the service, equipment or supplies vendors may include: 1. Commercial business 2. Community organization 3. Licensed professional
Verification of Provider Qualifications			
Provider Type:	Entity Responsible for Verification:		Frequency of Verification
Entity – for participants self-directing services	FMS provider, as described in Appendix E		Prior to purchase

Service Type: Other

Service (Name): **NURSE CONSULTATION**

Service Specification	
HCBS Taxonomy	
Category 1:	Sub-Category 1:
05: Nursing	05020 skilled nursing
Service Definition (Scope):	
<p>A. Nurse Consultation services provides participants, who are able to perform and train on self-medication and treatment administration, a licensed Registered Nurse who: (1) reviews information about the participant’s health, (2) based on this review, provides recommendations to the participant on how to have these needs met in the community, and (3) in collaboration with the participant, develop care protocols for the participant to use when the participant trains staff.</p> <p>B. In the event the person is not able to perform and train on self-medication and treatment administration but all health needs including medication and treatment administration are performed gratuitously, the Nurse Consultant: (1) reviews information about the participant’s health needs; (2) based on this review, provides recommendations to the participant and gratuitous caregivers on how to have these needs met in the community; and (3) in collaboration with the participant and gratuitous caregivers, may review and develop health care protocols for the participant and gratuitous caregivers that describes the health services to be delivered gratuitously.</p> <p>C. At a minimum, Nurse Consultation services must include:</p> <ol style="list-style-type: none"> 1. Performs a Comprehensive Nursing Assessment to identify health issues and assist the participant, and his or her gratuitous caregivers, to understand the participant’s health needs and risks in order to assist in the development of health care protocols that guide the participant and/or gratuitous care provider in performing health tasks. 2. Completion of the Medication Administration Screening Tool, both on an annual basis and when the Nurse Consultant is notified of any changes in the cognitive status of the participant to determine the level of support needed for medication administration; 3. Review of the Health Risk Screening Tool (HRST) at Level 3 or above, both on an annual basis and when any significant changes in health of the participant occurs, to assist the participant to understand his or her health needs and to develop recommendations for obtaining service in the community; 	

State:	
Effective Date	

- 4. ~~Recommendations to the participant, and his or her gratuitous caregivers, for accessing health services that are available in the community and other community resources.~~
- D. ~~In addition, Nurse Consultation services may also include as appropriate to address the participant’s needs:~~
 - 1. ~~Reviewing and developing communication systems the participant may need to communicate effectively with all health care providers working to ensure the health of the participant (licensed and unlicensed) and the community to ensure community awareness of the lifesaving medical equipment in use by the participant in the event of an emergency or power loss.~~
 - 2. ~~Developing emergency protocols, as needed, to guide the participant and his or her staff in responding to an emergency, including accessing emergency services available in the community.~~

SERVICE REQUIREMENTS:

- A. ~~To qualify for this service, the participant must:~~
 - 1. ~~Live in his or her own home or the family home;~~
 - 2. ~~Receives gratuitous (unpaid) provision of care to meet health needs or be assessed as able to perform and train on treatments of a routine nature and self medications; and~~
 - 3. ~~Employ own staff under the Self Directed Service delivery model.~~
- B. ~~This service cannot be provided if the participant’s direct support professional staff are paid by a DDA-licensed or DDA-certified community based provider.~~
- C. ~~A participant may qualify for this service if he or she is enrolled in Self Directed Services Program and must be exempt from delegation of nursing tasks as identified above in subsection A qualifications as per COMAR 10.27.11.01B related to gratuitous health services.~~
- D. ~~A participant cannot qualify for or receive this service if the participant is in a placement where nursing services are provided as part of the services, including a hospital, a nursing or rehabilitation facility or when Rare and Expensive Medicine is providing staff for the provision of nursing and health services.~~
- E. ~~Nurse Consultation services must include documented review of participant’s health needs, including comprehensive nursing assessment and protocols, no more frequently than every three (3) months. All resulting revisions to protocols and recommendations completed must be documented by the RN.~~
- F. ~~If the participant was identified in previous assessments to be able to meet criteria for Nurse Consultation but is found during the administration of the Medication Administration Screening Tool to no longer meet criteria (i.e., is unable to self-medicate), and care needs are not able to be met gratuitously, then the Nurse Consultation service is no longer appropriate and the DDA will determine if the participant’s health care needs can be met through Nurse Health Case Management and Delegation, another nursing related waiver service.~~
- G. ~~A relative, legal guardian, or legally responsible person, as defined in Appendix C 2, may not be paid to provide Nurse Consultation services unless approved by the DDA.~~
- H. ~~Nurse Consultation services may be provided before the effective date of the participant’s eligibility for waiver services for participants interested in the Self Directed Service Delivery model based on preauthorization from the DDA and paid as an administrative service.~~
- I. ~~Prior to accessing DDA funding for this service, all other available and appropriate funding sources, including but not limited to those offered by Maryland Medicaid State Plan, Division of Rehabilitation Services (“DORS”), State Department of Education, and Department of Human Services, must be explored and exhausted to the extent applicable. These efforts must be documented in the participant’s file.~~
- J. ~~Nurse Consultation services are not available to participants receiving supports in other Nursing services, including Nurse Case Management and Delegation Services.~~
- K. ~~Nurse Consultation services are not available at the same time as the direct provision of Personal Supports, Respite Care Services, and Transportation services.~~
- L. ~~To the extent that any listed services are covered under the Medicaid State Plan, the services under the waiver would be limited to additional services as allowed and not otherwise covered under the Medicaid State Plan, but consistent with waiver objectives of avoiding institutionalization.~~
- M. ~~Children have access to any medically necessary preventive, diagnostic, and treatment services under Medicaid’s Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services to help meet~~

State:	
Effective Date	

children’s health and developmental needs. This includes age appropriate medical, dental, vision, and hearing screening services and diagnostic and treatment services to correct or ameliorate identified conditions. Supports provided by this waiver service is to improve and maintain the ability of the child to remain in and engage in community activities.			
Specify applicable (if any) limits on the amount, frequency, or duration of this service:			
Assessment and document revisions and recommendations of the participant’s health needs, protocols, and environment are limited to up to a four (4) hour period within a three (3) month period.			
Service Delivery Method <i>(check each that applies):</i>	<input checked="" type="checkbox"/>	Participant directed as specified in Appendix E	Provider managed
Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>
	<input type="checkbox"/>	Relative	<input type="checkbox"/>
			<input type="checkbox"/>
			Legal Guardian
Provider Specifications			
Provider Category(s) <i>(check one or both):</i>	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>
		Registered Nurse	Agency. List the types of agencies:
			Nursing Services Agency
Provider Qualifications			
Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)
Registered Nurse	Registered Nurse must possess valid Maryland and/or Compact Registered Nurse license		Individual must complete the DDA provider application and be certified based on compliance with meeting the following standards: <ol style="list-style-type: none"> 1. Possess valid Maryland and/or Compact Registered Nurse license; 2. Successful completion of the DDA RN Case Manager/Delegating Nurse (CM/DN) Orientation; 3. Be active on the DDA registry of DD RN CM/DNs; 4. Complete the online HRST Rater and Reviewer training; 5. Attend mandatory DDA trainings; 6. Attend a minimum of two (2) DDA provided nurse quarterly meetings per fiscal year; 7. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2 a;

State:	
Effective Date	

			<p>8. Possess a valid driver's license, if the operation of a vehicle is necessary to provide services;</p> <p>9. Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of services;</p> <p>10. Have Commercial Liability Insurance;</p> <p>11. Complete required orientation and training designated by DDA;</p> <p>12. Complete necessary pre/in-service training based on the Person-Centered Plan and DDA required training prior to service delivery;</p> <p>13. Have three (3) professional references which attest to the provider's ability to deliver the support/service in compliance with the Department's values in Annotated Code of Maryland, Health General, Title 7;</p> <p>14. Demonstrate financial integrity through IRS, Department, and Medicaid Exclusion List checks;</p> <p>15. Have a signed DDA Provider Agreement to Conditions for Participation <u>Complete and sign any agreements required by MDH or DDA;</u> and</p> <p>16. Have a signed Medicaid provider agreement.</p> <p>Individuals providing services for participants self-directing their services must meet the standards 1 through 10 noted above and submit forms and documentation as required by the Fiscal Management Service (FMS) agency. FMS must ensure the individual or entity performing the service meets the qualifications.</p>
<p>Nursing Services Agency</p>			<p>Agencies must meet the following standards:</p> <p>1. Complete the DDA provider application and be certified based on compliance with meeting all of the following standards:</p> <p>A. Be properly organized as a Maryland corporation, or, if operating as a foreign corporation,</p>

State:	
Effective Date	

			<p>be properly registered to do business in Maryland;</p> <p>B. A minimum of five (5) years demonstrated experience and capacity providing quality similar services;</p> <p>C. Have a governing body that is legally responsible for overseeing the management and operation of all programs conducted by the licensee including ensuring that each aspect of the agency’s programs operates in compliance with all local, State, and federal requirements, applicable laws, and regulations;</p> <p>D. Demonstrate the capability to provide or arrange for the provision of all nursing services required by submitting, at a minimum, the following documents with the application:</p> <p>(1) A program service plan that details the agencies service delivery model;</p> <p>(2) A business plan that clearly demonstrates the ability of the agency to provide nursing services;</p> <p>(3) A written quality assurance plan to be approved by the DDA;</p> <p>(4) A summary of the applicant’s demonstrated experience in the field of developmental disabilities; and</p> <p>(5) Prior licensing reports issued within the previous 10 years from any in State or out of State entity associated with the applicant, including deficiency reports and compliance records.</p> <p>E. Be in good standing with the IRS and Maryland Department of Assessments and Taxation;</p> <p>F. Have Workers’ Compensation Insurance;</p> <p>G. Have Commercial General Liability Insurance;</p> <p>H. Submit results from required criminal background checks;</p>
--	--	--	--

State:	
Effective Date	

			<p>Medicaid Exclusion List, and child protective clearances as provided in Appendix C-2 a and per DDA policy;</p> <p>I. Submit documentation of staff certifications, licenses, and/or trainings as required to perform services;</p> <p>J. Complete required orientation and training;</p> <p>K. Comply with the DDA standards related to provider qualifications; and</p> <p>L. Have a signed DDA Provider Agreement to Conditions for Participation. <u>Complete and sign any agreements required by MDH or DDA.</u></p> <p>2. Have a signed Medicaid provider agreement.</p> <p>3. Have documentation that all vehicles used in the provision of services have automobile insurance; and</p> <p>4. Submit a provider renewal application at least 60 days before expiration of its existing approval as per DDA policy.</p> <p>The DDA Deputy Secretary may waive the requirements noted above if an agency is licensed or certified by another State agency or accredited by a national accreditation agency, such as the Council on Quality and Leadership or the Council for Accreditation for Rehabilitation Facilities (CARF) for similar services for individuals with developmental disabilities, and be in good standing with the IRS and Maryland Department of Assessments and Taxation.</p> <p>Staff working for or contracted with the agency as well as volunteers utilized in providing any direct support services or spend any time alone with a participant must meet the following minimum standards:</p> <p>1. Possess valid Maryland and/or Compact Registered Nurse license;</p> <p>2. Successful completion of the DDA RN Case Manager/Delegating Nurse (CM/DN) Orientation;</p>
--	--	--	--

State:	
Effective Date	

			<ol style="list-style-type: none"> 3. Be active on the DDA registry of DD RN CM/DNs; 4. Complete the online HRST Rater and Reviewer training; 5. Attend mandatory DDA trainings; 6. Attend a minimum of two (2) DDA provided nurse quarterly meetings per fiscal year; 7. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2 a; 8. Possess a valid driver’s license, if the operation of a vehicle is necessary to provide services; 9. Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of services; 10. Complete required orientation and training designated by DDA; and 11. Complete necessary pre/in service training based on the Person-Centered Plan and DDA required training prior to service delivery.
--	--	--	--

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Registered Nurse	<ol style="list-style-type: none"> 1. DDA for certified Registered Nurses 2. FMS provider, as described in Appendix E, for participants self-directing services 	<ol style="list-style-type: none"> 1. DDA Initial and at least every three years 2. FMS Initially and continuing thereafter
Nursing Services Provider	<ol style="list-style-type: none"> 1. DDA for approval of providers 2. Nursing Service Agency for verification of staff member’s licenses, certifications, and training 	<ol style="list-style-type: none"> 1. DDA Initial and at least every three years 2. Nursing Services Provider prior to service delivery and continuing thereafter

Service Type: ~~Other~~

Service (Name): ~~NURSE CASE MANAGEMENT AND DELEGATION SERVICES~~

Service Specification

HCBS Taxonomy

State:	
Effective Date	

Category 1:	Sub-Category 1:
05: Nursing	05020 skilled nursing
Service Definition (Scope):	
<p>A. Nurse Case Management and Delegation Services provides participants a licensed Registered Nurse (the “RN Case Manager & Delegating Nurse” or “RN CM/DN”) who: (1) provides health case management services (as defined below); and (2) delegates nursing tasks for an unlicensed individual to perform acts that may otherwise be performed only by a RN or Licensed Practical Nurse (LPN), as appropriate and in accordance with applicable regulations.</p> <p>B. At a minimum, the Nurse Health Case Management services includes:</p> <ol style="list-style-type: none"> 1. Performance of a comprehensive nursing assessment of the participant identifying his or her health, medical appointment, and nursing needs; 2. Clinical review of the Health Risk Screening Tool (HRST) at Level 3 or above, both on an annual basis and when any significant changes in the health of the participant occurs, to assist the participant to understand his or her health needs and to develop a plan for obtaining health services in the community; 3. Completion of the Medication Administration Screening Tool, both on an annual basis and when any significant changes in the health of the participant occurs, to determine the level of support needed for medication administration; 4. Review the participant’s health services and supports to promote quality client outcomes and cost effective care according to the Maryland Board of Nursing regulations; 5. Providing recommendations to (i) the participant, (ii) caregivers employed or contracted by the DDA-licensed or DDA-certified community based provider or participant in Self Directed Services delivery model and under delegation of the RN, and (iii) the team for health care services that are available in the community; 6. Communicating with the participant and his or her person centered planning team members in order that the team can coordinate the acquisition of services and supports to meet the participant’s health needs; 7. Develop health care plans and protocols, as needed, that direct the paid direct support staff in the provision of health services to be performed that include (a) administration of medications, (b) performance of medical and nursing treatments, (c) activities of daily living (ADL) performance, (d) identifying and intervening in an emergency, and (e) other health monitoring provided by the DDA licensed provider staff; 8. Completion of training, supervision, evaluation and remediation on all health services provided under the delegation of the RN by the paid staff as identified in the Nursing Care Plans; 9. Monitoring services delivered under delegation of the RN by direct support staff for compliance with the Nursing Care Plan; and, 10. Monitoring health data obtained by direct support staff under the delegation of the RN and as directed in the Nursing Care Plan. <p>C. Delegation of Nursing Tasks services includes:</p> <ol style="list-style-type: none"> 1. Assessment of (a) the needs and abilities of the participant; (b) direct care staff performance of delegated nursing tasks; and (c) the environment of service or care delivery; 2. Delegation of the performance of nursing tasks (i.e., acts of a licensed nurse that include medication administration and treatment administration) to unlicensed direct care staff that may be Certified Medication Technicians (“CMT”), Certified Nursing Assistant (“CNA”), or other Unlicensed Assistive Personnel (“UAP”) in accordance with applicable Maryland Board of Nursing regulations; 3. Training, supervision, and remediation of unlicensed direct care staff who provide health services under the delegation of the RN. (e.g., administration of medication, treatments, and Activities of Daily Living (ADL) care, health monitoring) as required by applicable Maryland Board of Nursing regulations; and, 	

State:	
Effective Date	

~~4. Provision of On-Call service, to paid direct support staff that are performing delegated nursing tasks, while delegation is occurring, for up to 24 hours per day, 365 days per year as required by applicable Maryland Board of Nursing regulations.~~

~~D. In provision of Nurse Health Case Management and Delegation Services, the RN CM/DN will collaborate with the DDA licensed or DDA certified community based provider or Self Directed Service participant in the development of policies and procedures required for delegation of any nursing tasks in accordance with COMAR 10.27.11 and the administration’s Medication Technician Training Program (MTTP).~~

SERVICE REQUIREMENTS:

~~A. A participant may qualify for this service if he or she is either: (1) receiving services via the Traditional Services delivery model at a DDA licensed community provider site, (2) receiving Personal Support services; or (3) enrolled in the Self Directed Services Program.~~

~~B. A participant cannot qualify for or receive this service if the participant is in a placement where nursing services are provided as part of the services, including a hospital, a nursing or rehabilitation facility or when Rare and Expensive Medicine (REM) is providing staff for the provision of nursing and health services.~~

~~C. In order to access services, all of the following criteria must be met:~~

- ~~1. Participant’s health conditions must be determined by the RN CM/DN to meet applicable delegation criteria (i.e. be chronic, stable, routine, predictable and uncomplicated) and nursing tasks are assessed to be eligible for delegation as per the Maryland Board of Nursing regulations at COMAR 10.27.11.~~
- ~~2. Participant must require delegation as assessed by the RN as being unable to perform his or her own care. This includes the use of the Medication Administration Screening Tool to determine the need for delegation of medication.~~
- ~~3. The RN CM/DN has determined that all tasks and skills required to be performed or assisted with are delegable and the interval of the RN CM/DN’s assessment, training, and supervision allow for the safe delivery of delegated nursing services in accordance with Maryland Board of Nursing regulations, including but not limited to COMAR 10.27.11.03, 10.27.11.04, 10.27.11.05.~~

~~D. Under this service: RN CM/DN must assess the participant and his or her staff, the environment, and care plan at least once every 45 days, or more often as indicated by the participant’s health condition, in accordance with the Maryland Board of Nursing regulations, including but not limited to COMAR 10.27.11. All resulting revisions, recommendations, remediation and training completed must be documented by the RN CM/DN.~~

~~E. The RN CM/DN may delegate performance of nursing tasks to the participant’s appropriately trained and/or certified paid caregivers which may include spouse, parent, legal guardian, siblings, adult children, and licensed provider agency staff. When the delegation is for medication administration, the paid caregiver must be a Certified Medication Technician in accordance with Maryland Board of Nursing requirements.~~

~~F. A relative, legal guardian, or legally responsible person, as defined in Appendix C 2, may not be paid to provide Nurse Case Management and Delegation Services unless approved by the DDA.~~

~~G. Prior to accessing DDA funding for this service, all other available and appropriate funding sources, including but not limited to those offered by Maryland Medicaid State Plan, Division of Rehabilitation Services (“DORS”), State Department of Education, and Department of Human Services, must be explored and exhausted to the extent applicable. These efforts must be documented in the participant’s file.~~

~~H. Nurse Case Management and Delegations Services are not available to participants receiving Nurse Consultation.~~

State:	
Effective Date	

~~I. Nurse Case Management and Delegation services are not available at the same time as the direct provision of Employment Discovery and Customization, Medical Day Care, or Transportation services.~~

~~J. To the extent that any listed services are covered under the Medicaid State Plan, the services under the waiver would be limited to additional services as allowed and not otherwise covered under the Medicaid State Plan, but consistent with waiver objectives of avoiding institutionalization.~~

~~K. Children have access to any medically necessary preventive, diagnostic, and treatment services under Medicaid's Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services to help meet children's health and developmental needs. This includes age appropriate medical, dental, vision, and hearing screening services and diagnostic and treatment services to correct or ameliorate identified conditions. Supports provided by this waiver service is to improve and maintain the ability of the child to remain in and engage in community activities.~~

~~Specify applicable (if any) limits on the amount, frequency, or duration of this service:~~

~~The frequency of assessment is minimally every 45 days but may be more frequent based on the MBON 10.27.11 regulation and the prudent nursing judgment of the delegating RN in meeting conditions for delegation. This is a person centered assessment and evaluation by the RN that determines duration and frequency of each assessment.~~

Service Delivery Method (check each that applies):	X	Participant directed as specified in Appendix E	X	Provider managed		
Specify whether the service may be provided by (check each that applies):	<input checked="" type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/>	Relative	<input checked="" type="checkbox"/>	Legal Guardian

Provider Specifications

Provider Category(s) (check one or both):	X	Individual. List types:	X	Agency. List the types of agencies:
		Registered Nurse		Nursing Services Provider

Provider Qualifications

Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)
Registered Nurse	Registered Nurse must possess valid Maryland and/or Compact Registered Nurse license		Individual must complete the DDA provider application and be certified based on compliance with meeting the following standards: 1. Possess a valid Maryland and/or Compact Registered Nurse license; 2. Successful completion of the DDA RN Case Manager/Delegating Nurse (CM/DN) Orientation; 3. Be active on the DDA registry of DD RN CM/DNs;

State:	
Effective Date	

			<p>4. Complete the online HRST Rater and Reviewer training;</p> <p>5. Attend mandatory DDA trainings;</p> <p>6. Attend a minimum of two (2) DDA provided nurse quarterly meetings per fiscal year;</p> <p>7. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2 a;</p> <p>8. Possess a valid driver’s license, if the operation of a vehicle is necessary to provide services;</p> <p>9. Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of services;</p> <p>10. Have Commercial Liability Insurance;</p> <p>11. Complete required orientation and training designated by DDA;</p> <p>12. Complete necessary pre/in service training based on the Person Centered Plan and DDA required training prior to service delivery;</p> <p>13. Have three (3) professional references which attest to the provider’s ability to deliver the support/service in compliance with the Department’s values in Annotated Code of Maryland, Health General, Title 7;</p> <p>14. Demonstrate financial integrity through IRS, Department, and Medicaid Exclusion List checks;</p> <p>15. Have a signed DDA Provider Agreement to Conditions for Participation <u>Complete and sign any agreements required by MDH or DDA;</u> and</p> <p>16. Have a signed Medicaid Provider Agreement.</p> <p>Individuals providing services for participants self-directing their services must meet the standards 1 through 9 noted above and submit forms and documentation as required by the Fiscal Management Service (FMS) agency. FMS must ensure the individual or entity</p>
--	--	--	--

State:	
Effective Date	

			performing the service meets the qualifications.
Nursing Services Provider			<p>Agencies must meet the following standards:</p> <ol style="list-style-type: none"> 1. Complete the DDA provider application and be certified based on compliance with meeting all of the following standards: <ol style="list-style-type: none"> A. Be properly organized as a Maryland corporation, or, if operating as a foreign corporation, be properly registered to do business in Maryland; B. A minimum of five (5) years demonstrated experience and capacity providing quality similar services; C. Have a governing body that is legally responsible for overseeing the management and operation of all programs conducted by the licensee including ensuring that each aspect of the agency's programs operates in compliance with all local, State, and federal requirements, applicable laws, and regulations; D. Demonstrate the capability to provide or arrange for the provision of all nursing services required by submitting, at a minimum, the following documents with the application: <ol style="list-style-type: none"> (1) A program service plan that details the agencies service delivery model; (2) A business plan that clearly demonstrates the ability of the agency to provide nursing services; (3) A written quality assurance plan to be approved by the DDA; (4) A summary of the applicant's demonstrated experience in the field of developmental disabilities; and (5) Prior licensing reports issued within the previous 10 years from any in State or out of

State:	
Effective Date	

			<p>State entity associated with the applicant, including deficiency reports and compliance records.</p> <p>E. Be in good standing with the IRS and Maryland Department of Assessments and Taxation;</p> <p>F. Have Workers' Compensation Insurance;</p> <p>G. Have Commercial General Liability Insurance;</p> <p>H. Submit results from required criminal background checks, Medicaid Exclusion List, and child protective clearances as provided in Appendix C-2-a and per DDA policy;</p> <p>I. Submit documentation of staff certifications, licenses, and/or trainings as required to perform services;</p> <p>J. Complete required orientation and training;</p> <p>K. Comply with the DDA standards related to provider qualifications; and</p> <p>L. Have a signed DDA Provider Agreement to Conditions for Participation. <u>Complete and sign any agreements required by MDH or DDA.</u></p> <p>2. Have a signed Medicaid Provider Agreement.</p> <p>3. Have documentation that all vehicles used in the provision of services have automobile insurance; and</p> <p>4. Submit a provider renewal application at least 60 days before expiration of its existing approval as per DDA policy.</p> <p>The DDA Deputy Secretary may waive the requirements noted above if an agency is licensed or certified by another State agency or accredited by a national accreditation agency, such as the Council on Quality and Leadership or the Council for Accreditation for Rehabilitation Facilities (CARF) for similar services for individuals with developmental disabilities, and be in good standing with the IRS and</p>
--	--	--	---

State:	
Effective Date	

			<p>Maryland Department of Assessments and Taxation:</p> <p>Staff working for or contracted with the agency as well as volunteers utilized in providing any direct support services or spend any time alone with a participant must meet the following minimum standards:</p> <ol style="list-style-type: none"> 1. Possess valid Maryland and/or Compact Registered Nurse license; 2. Successful completion of the DDA RN Case Manager/Delegating Nurse (CM/DN) Orientation; 3. Be active on the DDA registry of DD RN CM/DNs; 4. Complete the online HRST Rater and Reviewer training; 5. Attend mandatory DDA trainings; 6. Attend a minimum of two (2) DDA provided nurse quarterly meetings per fiscal year; 7. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a; 8. Possess a valid driver's license, if the operation of a vehicle is necessary to provide services; 9. Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of services; 10. Complete required orientation and training designated by DDA; and 11. Complete necessary pre/in service training based on the Person-Centered Plan and DDA required training prior to service delivery.
--	--	--	---

Verification of Provider Qualifications		
Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Registered Nurse	<ol style="list-style-type: none"> 1. DDA for certified Registered Nurses 2. FMS provider, as described in Appendix E, for participants self-directing services 	<ol style="list-style-type: none"> 1. DDA—Initial and at least every three years 2. FMS—Initially and continuing thereafter

State:	
Effective Date	

<p>Nursing Services Agency Provider</p>	<p>1. DDA for approval of providers 2. Nursing Service Agency for verification of staff member’s licenses, certifications, and training</p>	<p>1. DDA—Initial and at least every three years 2. Nursing Services Provider—prior to service delivery and continuing thereafter</p>
---	--	--

Service Type: Other

Service (Name): NURSE CASE MANAGEMENT AND DELEGATION SERVICES

<p style="text-align: center;"><u>Service Specification</u></p>	
<p><u>HCBS Taxonomy</u></p>	
<p><u>Category 1:</u></p>	<p><u>Sub-Category 1:</u></p>
<p>05: Nursing</p>	<p>05020 skilled nursing</p>
<p><u>Service Definition (Scope):</u></p>	
<p><u>Specify applicable (if any) limits on the amount, frequency, or duration of this service:</u></p>	
<p><u>SERVICE DEFINITION</u></p>	
<p>A. <u>Nurse Case Management and Delegation services provides a registered nurse, licensed in the State of Maryland, to perform Nursing Consultation, Health Case Management, and Delegation services, based on the participant’s assessed need.</u></p> <p>B. <u>At a minimum, the registered nurse must perform an initial nursing assessment.</u></p> <p style="margin-left: 20px;">1. <u>This initial nursing assessment must include:</u></p> <p style="margin-left: 40px;">a. <u>Review of the participant’s health needs, including:</u></p> <p style="margin-left: 60px;">i. <u>Health care services and supports that the participant currently receives; and</u></p> <p style="margin-left: 60px;">ii. <u>The participant’s health records, including any physician orders;</u></p> <p style="margin-left: 40px;">b. <u>Performance of a comprehensive nursing assessment;</u></p> <p style="margin-left: 40px;">c. <u>Clinical review of the participant’s Health Risk Screening Tool (HRST), in accordance with Department policy; and</u></p> <p style="margin-left: 40px;">d. <u>Completion of the Medication Administration Screening Tool, in accordance with Department policy.</u></p> <p style="margin-left: 20px;">2. <u>The purpose of this initial nursing assessment is to determine the participant’s assessed needs, particularly whether:</u></p> <p style="margin-left: 40px;">a. <u>The participant’s health needs require performance of nursing tasks, including administration of medication;</u></p> <p style="margin-left: 40px;">b. <u>The participant’s nursing tasks are delegable in accordance with the Maryland Board of Nursing’s regulations; and</u></p> <p style="margin-left: 40px;">c. <u>The participant’s nursing tasks are exempt from delegation in accordance with the Maryland Board of Nursing’s regulations.</u></p> <p>C. <u>Based on the initial nursing assessment, if the participant requires, and meets criteria to receive, Nursing Consultation services, then the registered nurse providing Nurse Consultation services must:</u></p> <p style="margin-left: 20px;">1. <u>Provide recommendations to the participant on how to have the participant’s health needs met in the community, including accessing health services available in the community and other community resources;</u></p>	

<p>State:</p>	
<p>Effective Date</p>	

- 2. Develop or review health care protocols, including emergency protocols, for the participant and the participant’s uncompensated caregivers for use in training the participant’s direct support staff; and
- 3. Develop or review communication systems the participant may need to communicate effectively with:
 - a. The participant’s health care providers, direct support staff, and uncompensated caregivers who work to ensure the health of the participant; and
 - b. Resources in the community that may be needed to support the participant’s health needs, such as notifying the electrical company if the participant has medical equipment that requires prompt restoration of power in the event of a power outage.

D. Based on the initial nursing assessment, if the participant requires, and meets criteria to receive, Health Case Management services, then the registered nurse providing Health Case Management services must:

- 1. Provide recommendations to the provider and direct support staff on how to have the participant’s health needs met in the community, including accessing health services available in the community and other community resources;
- 2. Develop a Nursing Care Plan and protocols regarding the participant’s specific health needs; and
- 3. Provide training to the provider’s direct support staff on how to address the participant’s specific health needs, in accordance with the health care plans and protocols developed.

E. Health Case Management services, as provided in Section D above, does not include delegation of nursing tasks to the direct support staff and, therefore, does not require continuous nursing assessments of the participant or monitoring of the provision of services by the direct support staff.

F. Based on the initial nursing assessment, if the participant requires, and meets criteria to receive, Delegation, services then the registered nurse providing Delegation services must:

- 1. Provide recommendations to the participant, the direct support staff, and, if applicable, the participant’s providers on how to have the participant’s health needs met in the community, including accessing health services available in the community and other community resources;
- 2. Develop a Nursing Care Plan and health care plans and protocols regarding the participant’s specific health needs in accordance with applicable regulations and standards of nursing care;
- 3. Provide training to direct support staff on how to address the participant’s specific health needs and to perform the delegated nursing tasks, in accordance with the Nursing Care Plan and health care plans and protocols developed;
- 4. Monitor the direct support staff’s performance of delegated nursing tasks, including reviewing applicable documentation that must be maintained in accordance with applicable regulations and standards of nursing care;
- 5. Continually monitor the participant’s health by conducting nursing assessments and reviewing health data documented and reported by direct support staff, in accordance with applicable regulations and standards of nursing care; and
- 6. Ensure available on a 24/7 basis, or provide qualified back-up, to address the participant’s health needs as may arise emergently.

G. Nurse Case Management and Delegation Services (i.e. Nurse Consultation, Health Case Management and Delegation services) do not include provision of any direct nursing care services to a participant.

State:	
Effective Date	

SERVICE REQUIREMENTS

- A. The DDA will authorize the amount, duration, and types of services under this Waiver program service based on the participant’s assessed level of service need and in accordance with other applicable requirements. If the participant’s health needs change, the participant may submit a new request for additional hours or different services, with applicable supporting documentation, to the DDA.

- B. Based on the initial nursing assessment, the participant may be eligible for Nurse Case Management and Delegation Services (i.e. Nurse Consultation, Health Case Management and Delegation services) if the participant meets the criteria below.
 - 1. A participant is eligible to receive Nurse Consultation services if:
 - a. The participant’s health needs require performance of nursing tasks, including administration of medication
 - b. The participant is enrolled in the self-directed services delivery model;
 - c. The participant receives a Waiver program service for which the participant has employer authority, as provided in Appendix E;
 - d. The participant directly employs, or contracts with, direct support staff under that employer authority and, therefore, is responsible for directing and managing direct support staff in provision of that Waiver program service; and
 - e. The participant’s health needs are exempt from delegation of nursing tasks in accordance with applicable Maryland regulations.

 - 2. A participant is eligible to receive Health Case Management services if:
 - a. The participant’s health needs require performance of nursing tasks, including administration of medication;
 - b. The participant either:
 - i. Is enrolled in the traditional services delivery model; or
 - ii. Is enrolled in the self-directed services delivery model and receives a Waiver program service for which the participant does not have employer authority, as provided in Appendix E;
 - c. A provider, and not the participant, directly employs, or contracts with, direct support staff under the provider’s employer authority and, therefore, is responsible for directing and managing direct support staff in provision of that Waiver program service; and
 - d. The participant’s health needs are exempt from delegation of nursing tasks in accordance with applicable Maryland regulations.

 - 3. A participant is eligible to receive Delegation services if:
 - a. The participant’s health needs require performance of nursing tasks, including administration of medication;
 - b. The participant is enrolled in either service delivery model;
 - c. Direct support staff provide the participant with a Waiver program service, whether employed by, or contracted with, a provider or the participant;
 - d. During provision of that Waiver program service, the direct support staff needs to perform nursing tasks for the participant to maintain the participant’s health and safety;
 - e. The nursing tasks are delegable to the direct support staff in accordance with applicable Maryland regulations; and
 - f. The participant’s health needs are not exempt from delegation of nursing tasks in accordance with applicable Maryland regulations.

State:	
Effective Date	

- 4. A participant is not eligible to receive any of these additional nursing services beyond the initial assessment (i.e., Nurse Consultation, Health Case Management, or Delegation services) if:
 - a. The participant’s health needs do not require performance of any nursing tasks or administration of any medication;
 - b. The nursing tasks are not delegable in accordance with applicable Maryland regulations; or
 - c. The participant does not have any direct support staff paid, to provide any Waiver program service either under the traditional services delivery model or self-directed services delivery model, or any uncompensated caregivers.

- C. The registered nurse must complete and maintain documentation of delivery of these Waiver program services, including any nursing assessments, nursing care plans, health care plans and protocols, training of participant, direct support staff, and/or uncompensated caregivers, and any other documentation of services, in accordance with applicable Maryland laws and regulations, Department policies, and standards of nursing care.

- D. The registered nurse must comply with all applicable laws, regulations, and Department policies governing delivery of these Waiver program services, including but not limited to Maryland Board of Nursing’s regulations, and the standards of nursing care. If there is a conflict between this Waiver program service and applicable Maryland Board of Nursing regulations, the applicable Maryland Board of Nursing regulations will control.

- E. Prior to accessing DDA funding for this service, all other available and appropriate funding sources, including but not limited to those offered by Maryland Medicaid State Plan, Division of Rehabilitation Services (“DORS”), State Department of Education, and Department of Human Services, must be explored and exhausted to the extent applicable. These efforts must be documented in the participant’s file.

- F. A participant cannot qualify, or receiving funding from the Waiver program, for this Waiver program service if the participant:
 - 1. Requires provision of direct nursing care services; or
 - 2. Currently receives, or is eligible to receive, nursing services in another health care program paid for by the Maryland Medicaid Program or the Department, such as hospital services, skilled nursing or rehabilitation facility services, or Medicaid Program’s Rare and Expensive Case Management Program’s private duty nursing services.

- G. To the extent that any listed services are covered under the Medicaid State Plan, the services under the waiver would be limited to additional services as allowed and not otherwise covered under the Medicaid State Plan, but consistent with waiver objectives of avoiding institutionalization.

- H. Children have access to any medically necessary preventive, diagnostic, and treatment services under Medicaid’s Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services to help meet children’s health and developmental needs. This includes age appropriate medical, dental, vision, and hearing screening services and diagnostic and treatment services to correct or ameliorate identified conditions. Supports provided by this waiver service is to improve and maintain the ability of the child to remain in and engage in community activities.

- I. A legally responsible person, legal guardian, or relative cannot be paid by the Waiver program, either directly or indirectly, to provide this Waiver program service unless otherwise approved by the DDA due to extraordinary circumstances.

State:	
Effective Date	

Service Delivery Method <i>(check each that applies):</i>	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E			<input checked="" type="checkbox"/>	Provider managed
Specify whether the service may be provided by <i>(check each that applies):</i>	<input checked="" type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/>	Relative	<input checked="" type="checkbox"/>	Legal Guardian
Provider Specifications						
Provider Category(s) <i>(check one or both):</i>	<input checked="" type="checkbox"/>	Individual. List types:		<input checked="" type="checkbox"/>	Agency. List the types of agencies:	
		Registered Nurse			Nursing Services Provider	
Provider Qualifications						
Provider Type:	<u>License (specify)</u>	<u>Certificate (specify)</u>	<u>Other Standard (specify)</u>			
Registered Nurse	Registered Nurse must possess valid Maryland and/or Compact Registered Nurse license		Individual must complete the DDA provider application and be certified based on compliance with meeting the following standards: <ol style="list-style-type: none"> 1. Possess a valid Maryland and/or Compact Registered Nurse license; 2. Successful completion of the DDA RN Case Manager/Delegating Nurse (CM/DN) training within 90 days of first providing services <u>Orientation</u>; 3. Once completed DDA's training, maintain active status on DDA's registry of DD RN CM/DNs <u>Be active on the DDA registry of DD RN CM/DNs</u>; 4. Complete the online HRST Rater and Reviewer training; 5. Attend mandatory DDA trainings; 6. Attend a minimum of two (2) DDA provided nurse quarterly meetings per fiscal year; 7. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a; 8. Possess a valid driver's license, if the operation of a vehicle is necessary to provide services; 9. Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of services; 10. Have Commercial General Liability Insurance; 			

State:	
Effective Date	

			<ol style="list-style-type: none"> 11. <u>Complete required orientation and training designated by DDA;</u> 12. <u>Complete necessary pre/in-service training based on the Person-Centered Plan and DDA required training prior to service delivery;</u> 13. <u>Have three (3) professional references which attest to the provider’s ability to deliver the support/service in compliance with the Department’s values in Annotated Code of Maryland, Health General, Title 7;</u> 14. <u>Demonstrate financial integrity through IRS, Department, and Medicaid Exclusion List checks;</u> 15. <u>Complete and sign any agreements required by MDH or DDA</u>Have a signed DDA Provider Agreement to Conditions for Participation; <u>and</u> 16. <u>Have a signed Medicaid Provider Agreement.</u>
<p><u>Nursing Services Provider</u></p>			<p><u>Agencies must meet the following standards:</u></p> <ol style="list-style-type: none"> 1. <u>Complete the DDA provider application and be certified based on compliance with meeting all of the following standards:</u> <ol style="list-style-type: none"> A. <u>Be properly organized as a Maryland corporation, or, if operating as a foreign corporation, be properly registered to do business in Maryland;</u> B. <u>A minimum of five (5) years demonstrated experience and capacity providing quality similar services;</u> C. <u>Have a governing body that is legally responsible for overseeing the management and operation of all programs conducted by the licensee including ensuring that each aspect of the agency’s programs operates in compliance with all local, State, and federal requirements, applicable laws, and regulations;</u> D. <u>Demonstrate the capability to provide or arrange for the provision of all nursing services</u>

State:	
Effective Date	

			<p><u>required by submitting, at a minimum, the following documents with the application:</u></p> <ul style="list-style-type: none"> <u>(1) A program service plan that details the agencies service delivery model;</u> <u>(2) A business plan that clearly demonstrates the ability of the agency to provide nursing services;</u> <u>(3) A written quality assurance plan to be approved by the DDA;</u> <u>(4) A summary of the applicant's demonstrated experience in the field of developmental disabilities; and</u> <u>(5) Prior licensing reports issued within the previous 10 years from any in-State or out-of-State entity associated with the applicant, including deficiency reports and compliance records.</u> <p><u>E. Be in good standing with the IRS and Maryland Department of Assessments and Taxation;</u></p> <p><u>F. Have Workers' Compensation Insurance;</u></p> <p><u>G. Have Commercial General Liability Insurance;</u></p> <p><u>H. Submit results from required criminal background checks, Medicaid Exclusion List, and child protective clearances as provided in Appendix C-2-a and per DDA policy;</u></p> <p><u>I. Submit documentation of staff certifications, licenses, and/or trainings as required to perform services;</u></p> <p><u>J. Complete required orientation and training;</u></p> <p><u>K. Comply with the DDA standards related to provider qualifications; and</u></p> <p><u>L. Complete and sign any agreements required by MDH or DDA. Have a signed DDA Provider Agreement to Conditions for Participation.</u></p>
--	--	--	---

State:	
Effective Date	

			<p>2. <u>Have a signed Medicaid Provider Agreement.</u></p> <p>3. <u>Possess a valid driver’s license, if the operation of a vehicle is necessary to provide services;</u></p> <p>4. <u>Have documentation that all vehicles used in the provision of services have automobile insurance; and</u></p> <p>5. <u>Submit a provider renewal application at least 60 days before expiration of its existing approval as per DDA policy.</u></p> <p><u>The DDA Deputy Secretary may waive the requirements noted above if an agency is licensed or certified by another State agency or accredited by a national accreditation agency, such as the Council on Quality and Leadership or the Council for Accreditation for Rehabilitation Facilities (CARF) for similar services for individuals with developmental disabilities, and be in good standing with the IRS and Maryland Department of Assessments and Taxation.</u></p> <p><u>Staff working for or contracted with the agency as well as volunteers utilized in providing any direct support services or spend any time alone with a participant must meet the following minimum standards:</u></p> <p>1. <u>Possess valid Maryland and/or Compact Registered Nurse license;</u></p> <p>2. <u>Successful completion of the DDA RN Case Manager/Delegating Nurse (CM/DN) training within 90 days of first providing services</u>Orientation;</p> <p>3. <u>Once completed DDA’s training, maintain active status on DDA’s registry of DD RN CM/DNs</u>Be active on the DDA registry of DD RN CM/DNs;</p> <p>4. <u>Complete the online HRST Rater and Reviewer training;</u></p> <p>5. <u>Attend mandatory DDA trainings;</u></p> <p>6. <u>Attend a minimum of two (2) DDA provided nurse quarterly meetings per fiscal year;</u></p> <p>7. <u>Pass a criminal background investigation and any other required</u></p>
--	--	--	---

State:	
Effective Date	

			<p>background checks and credentials verifications as provided in Appendix C-2-a;</p> <p>8. Possess a valid driver’s license, if the operation of a vehicle is necessary to provide services;</p> <p>9. Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of services;</p> <p>10. Complete required orientation and training designated by DDA; and</p> <p>11. Complete necessary pre/in-service training based on the Person-Centered Plan and DDA required training prior to service delivery.</p>
--	--	--	---

Verification of Provider Qualifications

<u>Provider Type:</u>	<u>Entity Responsible for Verification:</u>	<u>Frequency of Verification</u>
Registered Nurse	<ol style="list-style-type: none"> DDA for certified Registered Nurses FMS provider, as described in Appendix E, for participants self-directing services 	<ol style="list-style-type: none"> DDA – Initial and at least every three years FMS – initially and continuing thereafter
Nursing Services Provider	<ol style="list-style-type: none"> DDA for approval of providers Nursing Service Agency for verification of staff member’s licenses, certifications, and training 	<ol style="list-style-type: none"> DDA – Initial and at least every three years Nursing Services Provider – prior to service delivery and continuing thereafter

Service Type: Other

Service (Name): **PARTICIPANT EDUCATION, TRAINING AND ADVOCACY SUPPORTS**

Service Specification	
<u>HCBS Taxonomy</u>	
<u>Category 1:</u>	<u>Sub-Category 1:</u>
13: Participant Training	13010 participant training
<u>Service Definition (Scope):</u>	
<p>A. Participant Education, Training and Advocacy Supports provides funding for the costs associated with training programs, workshops and conferences that help to assist the participant in developing self-advocacy skills, exercise civil rights, and acquire skills needed to exercise control and responsibility over other support services.</p> <p>B. Covered expenses include:</p> <ol style="list-style-type: none"> Enrollment fees associated with training programs, conferences, and workshops, Books and other educational materials, and 	

State:	
Effective Date	

3. Transportation that enables the participant to attend and participate related to participation in training courses, conferences and other similar events.

C. The following expenses are not covered:

- 1. Tuition;
- 2. Airfare; or
- 3. Costs of meals or lodging, as per federal requirements.

SERVICE REQUIREMENTS

- A. Participant Education, Training and Advocacy Supports may include education and training for participants directly related to building or acquiring such skills.
- B. Support needs for education and training are identified in the participant's Person-Centered Plan.
- ~~C. Participant Education, Training and Advocacy Supports does not include tuition or air fare. Participant Education, Training and Advocacy Supports does not include the cost of meals or overnight lodging as per federal requirements.~~
- ~~D.C.~~ Prior to accessing DDA funding for this service, all other available and appropriate funding sources, including but not limited to those offered by Maryland Medicaid State Plan, Division of Rehabilitation Services (“DORS”), State Department of Education, and Department of Human Services, must be explored and exhausted to the extent applicable. These efforts must be documented in the participant’s file.
- ~~E.D.~~ Participant Education, Training and Advocacy Supports are not available at the same time as the direct provision of Transportation services.
- E. To the extent that any listed services are covered under the State plan, the services under the waiver would be limited to additional services not otherwise covered under the State plan, but consistent with waiver objectives of avoiding institutionalization.
- F. A legally responsible person, relative, or legal guardian of the participant cannot be paid by the Waiver program, either directly or indirectly, to provide this Waiver program service.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

- 1. Participant Education, Training and Advocacy Supports is limited to 10 hours of training per participant per year.
- 2. The amount of training or registration fees for registrations costs at specific training events, workshops, seminars or conferences is limited to \$500 per participant per year.

Service Delivery Method <i>(check each that applies):</i>	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed
---	-------------------------------------	---	-------------------------------------	------------------

Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative	<input type="checkbox"/>	Legal Guardian
--	--------------------------	----------------------------	--------------------------	----------	--------------------------	----------------

Provider Specifications

Provider Category(s) <i>(check one or both):</i>	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
		Participant Support Professional		Participant Education, Training and Advocacy Supports Agency

Provider Qualifications

State:	
Effective Date	

Provider Type:	License (<i>specify</i>)	Certificate (<i>specify</i>)	Other Standard (<i>specify</i>)
Participant Support Professional			<p>Individual must complete the DDA provider application and be certified based on compliance with meeting the following standards:</p> <ol style="list-style-type: none"> 1. Be at least 18 years old; 2. Have a Bachelor’s Degree, professional license, certification by a nationally recognized program, or demonstrated life experiences and skills to provide the service; 3. <u>Possess a valid driver’s license, if the operation of a vehicle is necessary to provide services;</u> 4. <u>Have documentation that all vehicles used in the provision of services have automobile insurance;</u> 3-5. Complete required orientation and training designated by DDA; 4-6. Complete necessary pre/in-service training based on the Person-Centered Plan and DDA required training prior to service delivery; 5-7. Have three (3) professional references which attest to the provider’s ability to deliver the support/service in compliance with the Department’s values in Annotated Code of Maryland, Health General, Title 7; 6-8. Demonstrate financial integrity through IRS, Department, and Medicaid Exclusion List checks; 7-9. <u>Have a signed DDA Provider Agreement to Conditions for Participation</u> Complete and sign any agreements required by MDH or DDA; and 8-10. Have a signed Medicaid Provider Agreement. <p>Individuals providing services for participants self-directing their services must meet the standards 1 and 2 noted above and submit forms and documentation as required by the Fiscal Management Service (FMS) agency. FMS must ensure the individual or entity</p>

State:	
Effective Date	

			<p>performing the service meets the qualifications.</p>
<p>Participant Education, Training and Advocacy Supports Agency</p>			<p>Agencies must meet the following standards:</p> <ol style="list-style-type: none"> 1. Complete the DDA provider application and be certified based on compliance with meeting all of the following standards: <ol style="list-style-type: none"> A. Be properly organized as a Maryland corporation, or, if operating as a foreign corporation, be properly registered to do business in Maryland; B. A minimum of five (5) years demonstrated experience and capacity with providing quality similar services; C. Have a governing body that is legally responsible for overseeing the management and operation of all programs conducted by the licensee including ensuring that each aspect of the agency’s programs operates in compliance with all local, State, and federal requirements, applicable laws, and regulations; D. Demonstrate the capability to provide or arrange for the provision of all services required by submitting, at a minimum, the following documents with the application: <ol style="list-style-type: none"> (1) A program service plan that details the agencies service delivery model; (2) A business plan that clearly demonstrates the ability of the agency to provide services; (3) A written quality assurance plan to be approved by the DDA; (4) A summary of the applicant's demonstrated experience in the field of developmental disabilities; and (5) Prior licensing reports issued within the previous 10 years from any in-State or out-of-

State:	
Effective Date	

			<p>State entity associated with the applicant, including deficiency reports and compliance records.</p> <ul style="list-style-type: none"> E. If currently licensed or certified, produce, upon written request from the DDA, the documents required under D. F. Be in good standing with the IRS and Maryland Department of Assessments and Taxation; G. Have Workers’ Compensation Insurance; H. Have Commercial General Liability Insurance; I. Submit results from required criminal background checks, Medicaid Exclusion List, and child protective clearances as provided in Appendix C-2-a and per DDA policy; J. Submit documentation of staff certifications, licenses, and/or trainings as required to perform services; K. Complete required orientation and training; L. Comply with the DDA standards related to provider qualifications; and M. Have a signed DDA Provider Agreement to Conditions for Participation<u>Complete and sign any agreements required by MDH or DDA.</u> <p>2. Have a signed Medicaid provider agreement;</p> <p><u>3. Possess a valid driver’s license, if the operation of a vehicle is necessary to provide services;</u></p> <p>3.4. Have documentation that all vehicles used in the provision of services have automobile insurance; and</p> <p>4.5. Submit a provider renewal application at least 60 days before expiration of its existing approval as per DDA policy.</p> <p>The DDA Deputy Secretary may waive the requirements noted above if an agency is licensed or certified by another State</p>
--	--	--	---

State:	
Effective Date	

			<p>agency or accredited by a national accreditation agency, such as the Council on Quality and Leadership or the Council for Accreditation for Rehabilitation Facilities (CARF) for similar services for individuals with developmental disabilities, and be in good standing with the IRS and Maryland Department of Assessments and Taxation</p> <p>Staff working for or contracted with the agency as well as volunteers utilized in providing any direct support services or spend any time alone with a participant must meet the following minimum standards:</p> <ol style="list-style-type: none"> 1. Be at least 18 years old; 2. Have a Bachelor’s Degree, professional licensure; certification by a nationally recognized program; or demonstrated life experiences and skills to provide the service; 3. Complete necessary pre/in-service training based on the Person-Centered Plan; and 4. Complete the training designated by DDA. After July 1, 2019, all new hires must complete the DDA required training prior to independent service delivery.
--	--	--	--

Verification of Provider Qualifications		
Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Participant Support Professional	<ol style="list-style-type: none"> 1. DDA for certified Participant Support Professional 2. FMS provider, as described in Appendix E, for participants self-directing services 	<ol style="list-style-type: none"> 1. DDA - Initial and at least every three years 2. FMS provider - prior to service delivery and continuing thereafter
Participant Education, Training and Advocacy Supports Agency	<ol style="list-style-type: none"> 1. DDA for approval of Participant Education, Training and Advocacy Supports Agency 2. Provider for staff standards 	<ol style="list-style-type: none"> 1. DDA – Initial and at least every three years 2. Provider - prior to service delivery and continuing thereafter

State:	
Effective Date	

Service Type: Support for Participant Direction

Service (Name): **SUPPORT BROKER SERVICES**

Service Specification	
HCBS Taxonomy	
Category 1:	Sub-Category 1:
12 Services Supporting Self-Direction	12020 Information and assistance in support of self-direction
Service Definition (Scope):	
<p>A. Support Broker Services are employer related information and advice for a participant in support of self-direction to make informed decisions related to day-to-day management of staff providing services within the available budget.</p> <p>B. Information, coaching, and mentoring may be provided to participant about:</p> <ol style="list-style-type: none"> 1. Self-direction including roles and responsibilities and functioning as the common law employer; 2. Other employment related subjects pertinent to the participant and/or family in managing and directing services; 3. The process for changing the person centered plan and individual budget; 4. Risks and responsibilities of self-direction; 5. Policy on Reportable Incidents and Investigations (PORI); 6. Choice and control over the selection and hiring of qualified individuals as workers; 7. Individual and employer rights and responsibilities; and 8. The reassessments and review of work schedules. <p>C. Assistance, as necessary and appropriate, if chosen by the participant, may be provided with:</p> <ol style="list-style-type: none"> 1. Practical skills training (e.g., hiring, managing and terminating workers, problem solving, conflict resolution); 2. Development of risk management agreements; 3. Recognizing and reporting critical events; 4. Developing strategies for recruiting, interviewing, and hiring staff; 5. Developing staff supervision and evaluation strategies; 6. Developing terminating strategies; 7. Developing employer related risk assessment, planning, and remediation strategies; 8. Developing strategies for managing the budget and budget modifications including reviewing monthly Fiscal Management Services reports to ensure that the individualized budget is being spent in accordance with the approved Person-Centered Plan and budget and conducting audits; 9. Developing strategies for managing employees, supports and services; 10. Developing strategies for facilitating meetings and trainings with employees; 11. Developing service quality assurance strategies; 12. Developing strategies for reviewing data, employee timesheets, and communication logs; 13. Developing strategies for effective staff back-up and emergency plans; 14. Developing strategies for training all of the participant’s employees on the Policy on Reportable Incidents and ensuring that all critical incidents are reported to the Office of Health Care Quality and DDA; and 15. Developing strategies for complying with all applicable regulations and policies, as well as standards for self-direction including staffing requirements and limitations as required by the DDA; 	

State:	
Effective Date	

SERVICE REQUIREMENTS:

- A. Support Broker services are an optional service to support for participants enrolled in the Self-Directed Services Delivery Model, as further described in Appendix E. A participant enrolled in the Traditional Services delivery model is not eligible to receive this service, ~~choosing to self-direct.~~
- B. A relative (who is not a spouse, legally responsible person, legal guardian, or Social Security Administration representative payee) of the participant may be paid to provide this Waiver program service in accordance with applicable requirements set forth in Appendix C-2 and this Section B ~~Participants may utilize a relative with the exception of spouses, legally responsible person, and legal representative payee.~~
 - 1. A spouse or legally responsible person may provide Support Broker services, but may not be paid by this Waiver program.
 - 2. A relative who is paid to provide Support Brokers services cannot:
 - a. Provide this Waiver program service for more than 40 hours a week;
 - b. Serves as the participant’s designated representative, managing the participant’s self-directed services as provided in Appendix E; or
 - c. Provide any other Waiver program services which are funded by the Waiver program under this Appendix C.
- ~~B. Spouses and legally responsible adults (i.e. parents of children) may act only as unpaid support brokers.~~
- ~~C. A relative (who is not a spouse or legally responsible person) of an individual recipient participating in Self-Directed Services may be paid to provide this service in accordance with the applicable requirements set forth in Section C-2.~~
- ~~D.C.~~ Support Brokers, ~~including relatives,~~ must provide assurances that they will implement the -Person Centered Plan as approved by DDA or their designee in accordance with all federal and State laws and regulations governing Medicaid, including the maintenance of all employment and financial records including timesheets and service delivery documentation.
- ~~E.D.~~ Individuals and organizations providing Support Broker~~age~~ services may provide no other paid service to that ~~individual participant.~~
- ~~F.E.~~ Support Broker Services may not duplicate, replace, or supplant Coordination of Community Service.
- ~~G.F.~~ Scope and duration of Support Broker Services may vary depending on the participant’s choice and need for support, assistance, or existing natural supports. The scope and duration must be within the service description, requirements, and limitations.
- ~~H.G.~~ Additional assistance, coaching, and mentoring may be authorized based on extraordinary circumstances when there significant changes in the participant’s health or medical situation.
- ~~I.H.~~ Service hours must be necessary, documented, and evaluated by the team.
- ~~J.I.~~ Support Brokers shall not make any decision for the participant, sign off on service delivery or timesheets, or hire or fire workers.
- ~~K.J.~~ This service includes the option to provide benefits and leave time to a Support Broker subject to the following requirements:
 - 1. The benefits and leave time which are requested by the participant are: (a) within applicable reasonable and customary standards as established by DDA policy; or (b) required for the participant’s compliance, as the employer of record, with applicable federal, State, or local laws;
 - 2. Any benefit and leave time offered by the participant must comply with any and all applicable federal, State, or local laws; and
 - 3. All funded benefits and leave time shall be included in and be part of the participant’s annual budget.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

State:	
Effective Date	

1. Initial orientation and assistance up to 15 hours.			
2. Information, coaching, and mentoring up to 4 hours per month unless otherwise authorized by the DDA.			
Service Delivery Method <i>(check each that applies):</i>	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	Provider managed
Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/> Relative <input type="checkbox"/> Legal Guardian
Provider Specifications			
Provider Category(s) <i>(check one or both):</i>	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/> Agency. List the types of agencies:
		Support Broker Professional	Support Broker Agency
Provider Qualifications			
Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
Support Broker Professional			Individual must complete the DDA provider application and be certified based on compliance with meeting the following standards: <ol style="list-style-type: none"> 1. Be at least 18 years old; 2. Have a GED or high school diploma, 3. Possess current first aid and CPR certification; 4. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a; 5. Be certified by the DDA to demonstrate core competency related to self-determination, consumer directed services and service systems (generic and government-sponsored) for individuals with disabilities and effective staff management strategies. 6. Possess a valid driver’s license, if the operation of a vehicle is necessary to provide services; 7. Have automobile insurance for all automobiles that are owned,

State:	
Effective Date	

			<p>leased, and/or hired and used in the provision of services; and</p> <p>8. Complete required orientation and training designated by DDA including the Policy on Reportable Incidents and Investigations (PORII) and Support Broker trainings.</p> <p>Individuals providing services for participants self-directing their services must meet the standards 1 through 8 noted above and submit forms and documentation as required by the Fiscal Management Service (FMS) agency. FMS must ensure the individual or entity performing the service meets the qualifications.</p> <p>Participants in self-directing services, as the employer, may require additional staffing requirements based on their preferences and level of needs.</p>
<p>Support Broker Agency</p>			<p>Agencies must meet the following standards:</p> <ol style="list-style-type: none"> 1. Complete the DDA provider application and be certified based on compliance with meeting all of the following standards: <ol style="list-style-type: none"> A. Be properly organized as a Maryland corporation, or, if operating as a foreign corporation, be properly registered to do business in Maryland; B. A minimum of five (5) years demonstrated experience and capacity providing quality similar services; C. Have a governing body that is legally responsible for overseeing the management and operation of all programs conducted by the licensee including ensuring that each aspect of the agency’s programs operates in compliance with all local, State, and federal

State:	
Effective Date	

			<p>requirements, applicable laws, and regulations;</p> <p>D. Except for currently DDA licensed or certified providers, demonstrate the capability to provide or arrange for the provision of all services required by submitting, at a minimum, the following documents with the application:</p> <ul style="list-style-type: none"> (1) A program service plan that details the agencies service delivery model; (2) A business plan that clearly demonstrates the ability of the agency to provide services; (3) A written quality assurance plan to be approved by the DDA; (4) A summary of the applicant's demonstrated experience in the field of developmental disabilities; and (5) Prior licensing reports issued within the previous 10 years from any in-State or out-of-State entity associated with the applicant, including deficiency reports and compliance records. <p>E. If currently licensed or certified, produce, upon written request from the DDA, the documents required under D.</p> <p>F. Be in good standing with the IRS and Maryland Department of Assessments and Taxation;</p> <p>G. Have Workers' Compensation Insurance;</p> <p>H. Have Commercial General Liability Insurance;</p> <p>I. Submit results from required criminal background checks, Medicaid Exclusion List, and child protective clearances as provided in Appendix C-2-a and per DDA policy;</p> <p>J. Submit documentation of staff certifications, licenses, and/or trainings as required to perform services;</p>
--	--	--	--

State:	
Effective Date	

			<p>K. Complete required orientation and training;</p> <p>L. Comply with the DDA standards related to provider qualifications; and</p> <p>M. Have a signed DDA Provider Agreement to Conditions for Participation <u>Complete and sign any agreements required by MDH or DDA.</u></p> <p>2. Have documentation that all vehicles used in the provision of services have automobile insurance; and</p> <p>3. Submit a provider renewal application at least 60 days before expiration of its existing approval as per DDA policy.</p> <p>The DDA Deputy Secretary may waive the requirements noted above if an agency is licensed or certified by another State agency or accredited by a national accreditation agency, such as the Council on Quality and Leadership or the Council for Accreditation for Rehabilitation Facilities (CARF) for similar services for individuals with developmental disabilities, and be in good standing with the IRS and Maryland Department of Assessments and Taxation</p> <p>Staff working for or contracted with the agency as well as volunteers utilized in providing any direct support services or spend any time alone with a participant must meet the following minimum standards:</p> <ol style="list-style-type: none"> 1. Be at least 18 years old; 2. Have a GED or high school diploma; 3. Be certified by the DDA to demonstrate core competency related to self-determination, consumer directed services and service systems (generic and government-sponsored) for individuals with disabilities and effective staff management strategies. 4. Complete required orientation and training designated by DDA
--	--	--	---

State:	
Effective Date	

			<p>including the Policy on Reportable Incidents and Investigations (PORII) and Support Broker trainings;</p> <ol style="list-style-type: none"> 5. Complete necessary pre/in-service training based on person-specific information (including preferences, positive behavior supports, when needed, and disability-specific information as noted in the Person-Centered Plan and DDA required training prior to service delivery; 6. Possess current first aid and CPR certification; 7. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a; 8. Complete necessary pre/in-service training based on the Person-Centered Plan; 9. Complete the new DDA required training by July 1, 2019 or sooner. After July 1, 2019, all new hires must complete the DDA required training prior to service delivery. 10. Possess a valid driver’s license, if the operation of a vehicle is necessary to provide services; and 11. Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of services.
--	--	--	---

Verification of Provider Qualifications		
Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Support Broker Professional	<ol style="list-style-type: none"> 1. DDA for Support Broker Professional 2. FMS provider, as described in Appendix E, for participants self-directing services 	<ol style="list-style-type: none"> 1. DDA - Initial and Annually 2. FMS provider - prior to service delivery and continuing thereafter
Support Broker Agency	<ol style="list-style-type: none"> 1. FMS provider, as described in Appendix E 2. Support Broker Agency for individual staff members’ certifications and training 	<ol style="list-style-type: none"> 1. FMS provider - prior to service delivery

State:	
Effective Date	

		2. Provider – prior to service delivery and annually thereafter
--	--	---

Service Type: Other Service

Alternative Service Title: **TRANSPORTATION**

Service Specification	
HCBS Taxonomy	
Category 1:	Sub-Category 1:
15: Non-Medical Transportation	15010 non-medical transportation
Service Definition (Scope):	
<p>A. Transportation services are designed specifically to improve the participant’s and the family caregiver’s ability to independently access community activities within their own community in response to needs identified through the participant’s Person-Centered Plan.</p> <p><u>B. For purposes of this Waiver program service, the participant’s community is defined as places the participant lives, works, shops, or regularly spends their days. The participant’s community does not include vacations in the State or other travel inside or outside of the State of Maryland.</u></p> <p><u>B-C.</u> Transportation services can include:</p> <ol style="list-style-type: none"> 1. Orientation services in using other senses or supports for safe movement from one place to another; 2. Accessing Mobility and volunteer transportation services such as transportation coordination and accessing resources; 3. Travel training such as supporting the participant and his or her family in learning how to access and use informal, generic, and public transportation for independence and community integration; 4. Transportation services provided by different modalities, including: public and community transportation, taxi services, and non-traditional transportation providers; and 5. Mileage reimbursement and agreement for transportation provided by another individual using their own car; and 6. Purchase of prepaid transportation vouchers and cards, such as the Charm Card and Taxi Cards. <p>SERVICE REQUIREMENTS:</p> <p>A. Services are available to the participant living in their own home or in the participant's family home.</p> <p>B. For participants self-directing their services, the transportation budget is based on their need while considering their preferences and funds availability from their authorized Person-Centered Plan and budget.</p> <p>C. The Program will not make payment to spouses or legally responsible individuals for furnishing transportation services.</p> <p><u>D.</u> A relative (who is not a spouse or legally responsible person) of a participant may be paid to provide this service in accordance with the applicable requirements set forth in Appendix C-2. <u>A legally responsible person, legal guardian, or spouse cannot be paid by the Waive program, either directly or indirectly, to provide this Waiver program service.</u></p> <p>D-E. Payment rates for services must be customary and reasonable as established or authorized by the DDA.</p> <p><u>E-F.</u> Transportation services shall be provided by the most cost-efficient mode available that meets the needs of the participant and shall be wheelchair accessible when needed.</p> <p><u>F-G.</u> Transportation services are not available at the same time as the direct supervision of Personal Supports (beginning July 1, 2020) or Respite Care.</p>	

State:	
Effective Date	

G.H. Prior to accessing DDA funding for this service, all other available and appropriate funding sources, including those offered by Maryland Medicaid State Plan, Division of Rehabilitation Services (“DORS”), State Department of Education, and Department of Human Services, must be explored and exhausted to the extent applicable. These efforts must be documented in the participant’s file.

H.I. To the extent that any listed services are covered under the Medicaid State Plan, the services under the waiver would be limited to additional services not otherwise covered under the Medicaid State Plan, but consistent with waiver objectives of avoiding institutionalization.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

For participants [enrolled in the Traditional Services Model \(and not the Self-Directed Services Model as set forth in Appendix E\)](#) ~~using traditional, non-self-directed DDA funded services~~, transportation is limited to \$7,5000 per year per participant.

Service Delivery Method (check each that applies):	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed
---	-------------------------------------	---	-------------------------------------	------------------

Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/>	Relative	<input type="checkbox"/>	Legal Guardian
---	--------------------------	----------------------------	-------------------------------------	----------	--------------------------	----------------

Provider Specifications

Provider Category(s) (check one or both):	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
		Transportation Professional or Vendor		Organized Health Care Delivery System Provider

Provider Qualifications

Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)
Transportation Professional or Vendor			Individual must complete the DDA provider application and be certified based on compliance with meeting the following standards: <ol style="list-style-type: none"> 1. Be at least 18 years old; 2. Have a GED or high school diploma; 3. Have required credentials, license, or certification as noted below; 4. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a; 5. Possess a valid driver’s license for non-commercial drivers; 6. Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in

State:	
Effective Date	

			<p>the provision of service for non-commercial providers;</p> <ol style="list-style-type: none"> 7. Complete required orientation and training designated by DDA; 8. Complete necessary pre/in-service training based on the Person-Centered Plan and DDA required training prior to service delivery; 9. Have three (3) professional references which attest to the provider’s ability to deliver the support/service in compliance with the Department’s values in Annotated Code of Maryland, Health General, Title 7; 10. Demonstrate financial integrity through IRS, Department, and Medicaid Exclusion List checks; 11. Have a signed DDA Provider Agreement to Conditions for Participation<u>Complete and sign any agreements required by MDH or DDA;</u> and 12. Have a signed Medicaid Provider Agreement. <p>Individuals providing services for participants self directing their services must meet the standards 1 through 6 noted above and submit forms and documentation as required by the Fiscal Management Service (FMS) agency. FMS must ensure the individual or entity performing the service meets the qualifications.</p> <p>Orientation, Mobility and Travel Training Specialists must attend and have a current certification as a travel trainer from one of the following entities:</p> <ol style="list-style-type: none"> 1. Easter Seals Project Action (ESPA) 2. American Public Transit Association 3. Community Transportation Association of America 4. National Transit Institute (NTI) 5. American Council for the Blind 6. National Federation of the Blind 7. Association of Travel Instruction
--	--	--	---

State:	
Effective Date	

			<p>8. Be a DORS approved vendor/contractor</p> <p>9. Other recognized entities based on approval from the DDA</p>
<p>Organized Health Care Delivery System Provider</p>			<p>Agencies must meet the following standards:</p> <ol style="list-style-type: none"> 1. Be certified or licensed by the DDA to provide at least one Medicaid waiver service; and 2. Complete the DDA provider application to be an Organized Health Care Delivery Services provider. <p>OHCDS providers shall verify the licenses and credentials of individuals providing services with whom they contract or employ and have a copy of the same available upon request.</p> <p>OHCDS must ensure the individual or entity performing the service meets the qualifications noted below as applicable to the service being provided:</p> <ol style="list-style-type: none"> 1. For individuals providing direct transportation, the following minimum standards are required: <ol style="list-style-type: none"> a. Be at least 18 years old; b. For non-commercial providers, possess a valid driver’s license for vehicle necessary to provide services; and c. For non-commercial providers, have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of services. 2. Orientation, Mobility and Travel Training Specialists – must attend and have a current certification as a travel trainer from one of the following entities: <ol style="list-style-type: none"> a. Easter Seals Project Action (ESPA) b. American Public Transit Association

State:	
Effective Date	

			<ul style="list-style-type: none"> c. Community Transportation Association of America d. National Transit Institute (NTI) e. American Council for the Blind f. National Federation of the Blind g. Association of Travel Instruction h. DORS approved vendors/contractor i. Other recognized entities based on approval from the DDA
--	--	--	---

Verification of Provider Qualifications		
Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Transportation Professional or Vendor	<ul style="list-style-type: none"> 1. DDA for certified Transportation Professional and Vendors 2. FMS providers, as described in Appendix E, for participants self-directing services 	<ul style="list-style-type: none"> 1. DDA – Initial and at least every three years 2. FMS providers – prior to delivery of services and continuing
Organized Health Care Delivery System Provider	<ul style="list-style-type: none"> 1. DDA for verification of the Organized Health Care Delivery System 2. Organized Health Care Delivery System provider for verification of staff qualifications 	<ul style="list-style-type: none"> 1. DDA – Initial and at least every three years 2. OHCDs – prior to service delivery and continuing thereafter

Service Type: Other Service
 Service (Name):
 Alternative Service Title: **VEHICLE MODIFICATIONS**

Service Specification	
HCBS Taxonomy	
Category 1:	Sub-Category 1:
14: Equipment, Technology, and Modifications	14020 home and/or vehicle accessibility adaptations
Service Definition (Scope):	
<p>A. Vehicle modifications are adaptations or alterations to a vehicle that is the participant’s primary means of transportation. Vehicle modifications are designed to accommodate the needs of the participant and enable the participant to integrate more fully into the community and to ensure the health, welfare and safety and integration by removing barriers to transportation.</p> <p>B. Vehicle modifications may include:</p> <ul style="list-style-type: none"> 1. Assessment services to (a) help determine specific needs of the participant as a driver or passenger, (b) review modification options, and (c) develop a prescription for required modifications of a vehicle; 	

State:	
Effective Date	

- 2. Assistance with modifications to be purchased and installed in a vehicle owned by or a new vehicle purchased by the participant, or legally responsible parent of a minor or other caretaker as approved by DDA;
 - 3. Non-warranty vehicle modification repairs; and
 - 4. Training on use of the modification.
- C. Vehicle modifications do not include the purchase of new or used vehicles, general vehicle maintenance or repair, State inspections, insurance, gasoline, fines, tickets, or the purchase of warranties.
- SERVICE REQUIREMENTS:**
- A. A vehicle modification assessment and/or a driving assessment will be required when not conducted within the last year by the Division of Rehabilitation Services (DORS).
 - B. A prescription for vehicle modifications must be completed by a driver rehabilitation specialist or certified driver rehabilitation specialist. The prescription for vehicle modifications applies only to the year/make/model of the vehicle specified on the Vehicle Equipment and Adaptation Prescription Agreement (VEAPA).
 - C. The vehicle owner is responsible for:
 - 1. The maintenance and upkeep of the vehicle; and
 - 2. Obtaining and maintaining ~~Purchasing~~ insurance that covers the ~~on~~ vehicle modifications. The program will not correct or replace vehicle modifications provided under the program that have been damaged or destroyed in an accident.
 - D. Vehicle modifications are only authorized to vehicles meeting safety standards once modified.
 - E. The Program cannot provide assistance with modifications on vehicles not registered under the participant or legally responsible parent of a minor or other primary caretaker. This includes leased vehicles.
 - F. Upon delivery to the participant (including installation), the Vehicle Modification must be in good operating condition and repair in accordance with applicable specifications.
 - ~~F.G.~~ Vehicle modification funds cannot be used to purchase vehicles for participants, their families or legal guardians; however, this service can be used to fund the portion of a new or used vehicle that relates to the cost of accessibility adaptations. In order to fund these types of adaptations, a clear breakdown of purchase price versus adaptations is required.
 - ~~G.H.~~ Prior to accessing DDA funding for this service, all other available and appropriate funding sources, including those offered by Maryland Medicaid State Plan, Division of Rehabilitation Services (“DORS”), State Department of Education, and Department of Human Services, must be explored and exhausted to the extent applicable. These efforts must be documented in the participant’s file.
 - I. To the extent that any listed services are covered under the State plan, the services under the waiver would be limited to additional services not otherwise covered under the State plan, but consistent with waiver objectives of avoiding institutionalization.
 - ~~H.J.~~ A legally responsible person, relative, or legal guardian of the participant cannot be paid by the Waiver program, either directly or indirectly, to provide this Waiver program service.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Vehicle modifications payment rates for services must be customary, reasonable according to current market values, and may not exceed a total of \$15,000 ~~over~~ within a ten-year period

Service Delivery Method (check each that applies):	X	Participant-directed as specified in Appendix E			X	Provider managed
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative	<input type="checkbox"/>	Legal Guardian

Provider Specifications

State:	
Effective Date	

Provider Category(s) (check one or both):	X	Individual. List types:	X	Agency. List the types of agencies:
		Vehicle Modification Vendor		Organized Health Care Delivery System Provider
Provider Qualifications				
Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)	
Organized Health Care Delivery System Provider			<p>Agencies must meet the following standards:</p> <ol style="list-style-type: none"> 1. Be certified or licensed by the DDA to provide at least one Medicaid waiver service; and 2. Complete the DDA provider application to be an Organized Health Care Delivery Services provider. <p>OHCDs providers shall verify the licenses, credentials, and experience of all professionals with whom they contract or employs and have a copy of the same available upon request.</p> <p>OHCDs must ensure the individual or entity performing the service meets the qualifications noted below:</p> <ol style="list-style-type: none"> 1. DORS approved vendor or DDA certified vendor; 2. Vehicle Equipment and Adaptation Prescription Agreement (VEAPA) must be completed by a driver rehabilitation specialist or certified driver rehabilitation specialist; and 3. The adaptive driving assessment specialist who wrote the Adapted Driving Assessment report and the VEAPA shall ensure the vehicle modification fits the consumer and the consumer is able to safely drive the vehicle with the new adaptations/equipment by conducting an on-site assessment and provide a statement as to whether it meets the individual's needs. 	

State:	
Effective Date	

<p>Vehicle Modification Vendor</p>			<p>Individual must complete the DDA provider application and be certified based on compliance with meeting the following standards:</p> <ol style="list-style-type: none"> 1. Be at least 18 years old; 2. Be a Division of Rehabilitation Services (DORS) Vehicle Modification service vendor. 3. Complete required orientation and training designated by DDA; 4. Complete necessary pre/in-service training based on the Person-Centered Plan and DDA required training prior to service delivery; 5. Have three (3) professional references which attest to the provider’s ability to deliver the support/service in compliance with the Department’s values in Annotated Code of Maryland, Health General, Title 7; 6. Demonstrate financial integrity through IRS, Department, and Medicaid Exclusion List checks; 7. Have a signed DDA Provider Agreement to Conditions for Participation<u>Complete and sign any agreements required by MDH or DDA</u>; and 8. Have a signed Medicaid Provider Agreement. <p>Individuals providing services for participants self-directing their services must meet the standards 1 and 2 noted above and submit forms and documentation as required by the Fiscal Management Service (FMS) agency. FMS must ensure the individual or entity performing the service meets the qualifications.</p> <p>The Adapted Driving Assessment specialist who wrote the Adapted Driving Assessment report and the VEAPA shall ensure the vehicle modification fits the consumer and the consumer is able to safely drive the vehicle with the new adaptations/equipment by conducting an on-site assessment and provide a statement to meet the individual’s needs.</p>
------------------------------------	--	--	---

State:	
Effective Date	

Verification of Provider Qualifications		
Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Organized Health Care Delivery System Provider	1. DDA for verification of the OHCDS 2. OHCDS providers for entities and individuals they contract or employ	1. OHCDS – Initial and at least every three years 2. OHCDS providers – prior to service delivery and continuing thereafter
Vehicle Modification Vendor	1. DDA for certified Vehicle Modification Vendor 2. FMS provider, as described in Appendix E, for participants self-directing services	1. DDA – Initial and at least every three years 2. FMS - Prior to service delivery and continuing thereafter

b. Provision of Case Management Services to Waiver Participants. Indicate how case management is furnished to waiver participants (*select one*):

<input type="radio"/>	Not applicable – Case management is not furnished as a distinct activity to waiver participants.
<input checked="" type="radio"/>	Applicable – Case management is furnished as a distinct activity to waiver participants. Check each that applies:
<input type="checkbox"/>	As a waiver service defined in Appendix C-3 (<i>do not complete C-1-c</i>)
<input type="checkbox"/>	As a Medicaid State plan service under §1915(i) of the Act (HCBS as a State Plan Option). <i>Complete item C-1-c.</i>
<input checked="" type="checkbox"/>	As a Medicaid State plan service under §1915(g)(1) of the Act (Targeted Case Management). <i>Complete item C-1-c.</i>
<input type="checkbox"/>	As an administrative activity. <i>Complete item C-1-c.</i>

c. Delivery of Case Management Services. Specify the entity or entities that conduct case management functions on behalf of waiver participants:

Private community service providers and local Health Departments provide Coordination of Community Service (case management) on behalf of waiver participant as per COMAR 10.09.48 as an administrative service.

Appendix C-2: General Service Specifications

a. Criminal History and/or Background Investigations. Specify the State’s policies concerning the conduct of criminal history and/or background investigations of individuals who provide waiver services (*select one*):

<input checked="" type="checkbox"/>	Yes. Criminal history and/or background investigations are required. Specify: (a) the types of positions (e.g., personal assistants, attendants) for which such investigations must be conducted; (b) the scope of such investigations (e.g., state, national); and, (c) the process for ensuring that mandatory investigations have been conducted. State laws, regulations and policies referenced
-------------------------------------	---

State:	
Effective Date	

in this description are available to CMS upon request through the Medicaid or the operating agency (if applicable):

This section describes the minimum background check and investigation requirements for providers under applicable law. A provider may opt to perform additional checks and investigations as it sees fit.

Criminal Background Checks

The DDA is seeking to update its regulations regarding Criminal Background Checks, as provided in this Section a. The draft regulations will be subject to notice and comment and other applicable requirements as provided in Maryland’s Administrative Procedure Act, codified in Title 10, Subtitle 1 of the State Government Article, prior to finalization. Therefore, the draft regulations, set forth below, may be amended to comply with those requirements.

In the meantime, the current regulations will remain in effect and continue to apply to services covered under this Waiver. The draft regulations, as amended, will apply to services covered under this Waiver once they are effective.

Current Regulations

The DDA’s regulation requires specific providers have criminal background checks prior to services delivery. DDA’s regulations also require that each DDA-licensed and DDA-certified community-based providers complete either: (1) a State criminal history records check via the Maryland Department of Public Safety’s Criminal Justice Information System; or (2) a National criminal background check via a private agency, with whom the provider contracts. If the provider chooses the second option, the criminal background check must pull court or other records “in each state in which [the provider] knows or has reason to know the eligible employee [or contractor] worked or resided during the past 7 years.” The same requirements are required for participants self-directing services as indicated within each service qualification.

The DDA-licensed and approved provider must complete this requirement for all of the provider’s employees and contractors hired to provide direct care. If this background check identifies a criminal history that “indicate[s] behavior potentially harmful” to individuals receiving services, then the provider is prohibited from employing or contracting with the individual. See Code of Maryland Regulations (COMAR) 10.22.02.11, Maryland Annotated Code Health-General Article § 19-1901 *et seq.*, and COMAR Title 12, Subtitle 15.

Background screening is required for volunteers who:

- (1) Are recruited as part of an agency’s formal volunteer program; and
- (2) Spend time alone with participants.

Criminal background checks are not required for people who interact with or assist individuals as a friend or natural support, by providing assistance with shopping, transportation, recreation, home maintenance and beautification etc.

Draft Regulations

State:	
Effective Date	

Subject to amendment as part of the process to promulgate regulations, the DDA will require that persons selected by individuals with a developmental disability to provide waiver services successfully pass a criminal background check, as detailed herein. A “person” includes an individual, receiver, trustee, guardian, personal representative, fiduciary, or representative of any kind and any partnership, firm, association, corporation, or other entity as set forth in MD. CODE ANN., HEALTH-GEN. § 1-101.

The following individuals must complete a criminal background check:

1. All employees and Board members of a community-based provider providing services under the Traditional Services delivery model;
2. All contractors and volunteers of a community-based provider providing services under the Traditional Services delivery model who will have direct contact with at least one individual with a developmental disability; and
3. All employees and staff of a Participant providing services under the Self-Directed Services delivery model.

Direct contact is defined as physically present with, or within an immediate distance (such as the same room) of, the individual with a developmental disability.

The following persons will be responsible for ensuring the criminal background check takes place upon hire of each individual who is required to complete a criminal background check:

1. Under the Traditional Services delivery model, the community-based provider; and
2. Under the Self-Directed Services delivery model, the Fiscal Management Services provider.

Each DDA-licensed and DDA-certified community-based provider (including the Fiscal Management Services provider) must provide a copy of the criminal background check of its Executive Director and its Board Members as part of its initial and renewal application to the Department for licensure or certification. Otherwise, the DDA-licensed or DDA-certified community-based provider and Fiscal Management Services provider are responsible for complying with these requirements for each individual hired.

The criminal background check to be conducted must:

1. Be performed by Criminal Justice Information Services in the Maryland Department of Public Safety and Correctional Services; or
2. Be performed by a private agency, meeting certain criteria regarding, their qualifications, the scope of the background check, and whether alerts will be required.

Please note the DDA is in discussion regarding criteria for appropriate private agency (ies) requirement(s) for performing criminal background checks, which will be promulgated in the updated regulations.

An individual will have successfully passed his or her criminal background check if he or she has been not been convicted, received probation before judgment, or entered a plea of nolo contendere to a felony, crime of moral turpitude (including fraud), theft, financial crimes against a vulnerable adult, or abuse or neglect of a child or vulnerable adult and such final judgment was not entered 10 years ago or less from the date of the individual’s application.

If an alert later notifies the community-based provider or Fiscal Management Services provider that the individual has received subsequently a final judgment that does not meet the

State:	
Effective Date	

	<p>requirements to successfully pass a criminal background check, then: (1) he or she must be removed immediately from direct contact with an individual with a developmental disability; and (2) his or her employment, contract, or Board membership must be terminated promptly.</p> <p>If an individual knowingly submits false information for his or her criminal background check, then he or she will be disqualified automatically from serving an individual with a developmental disability and will not be permitted to apply again for a period of five years from the date of the initial application containing the false information.</p> <p>Participants enrolled in DDA’s Self-Directed Services delivery model may request that DDA waive these criminal background check requirements. DDA may permit waiver of the criminal background check requirements <i>only if</i> the criminal background check indicates behavior that would not be potentially harmful to an individual with a developmental disability.</p> <p>Child Protective Services Background Clearance</p> <p>The State also maintains a Centralized Confidential Database that contains information about child abuse and neglect investigations conducted by the Maryland State Local Departments of Social Services. Staff engaging in one-to-one interactions with children under the age of 18 must have a Child Protective Services Background Clearance.</p> <p><u>State Oversight of Compliance with These Requirements</u></p> <p>The DDA, OLTSS, and OHCQ review providers’ records for completion of criminal background checks, in accordance with these requirements, during surveys, site visits, and investigations. Annually the DDA will review Fiscal Management Services providers’ records for required background checks of staff working for participants enrolled in the Self-Directed Services Delivery Model, described in Appendix E.</p>
<input type="radio"/>	No. Criminal history and/or background investigations are not required.

b. Abuse Registry Screening. Specify whether the State requires the screening of individuals who provide waiver services through a State-maintained abuse registry (*select one*):

<input type="radio"/>	Yes. The State maintains an abuse registry and requires the screening of individuals through this registry. Specify: (a) the entity (entities) responsible for maintaining the abuse registry; (b) the types of positions for which abuse registry screenings must be conducted; and, (c) the process for ensuring that mandatory screenings have been conducted. State laws, regulations and policies referenced in this description are available to CMS upon request through the Medicaid agency or the operating agency (if applicable):
<input checked="" type="radio"/>	No. The State does not conduct abuse registry screening.

c. Services in Facilities Subject to §1616(e) of the Social Security Act. *Select one:*

<input checked="" type="radio"/>	No. Home and community-based services under this waiver are not provided in facilities subject to §1616(e) of the Act. <i>Do not complete Items C-2-c.i – c.iii.</i>
----------------------------------	---

State:	
Effective Date	

Yes. Home and community-based services are provided in facilities subject to §1616(e) of the Act. The standards that apply to each type of facility where waiver services are provided are available to CMS upon request through the Medicaid agency or the operating agency (if applicable). *Complete Items C-2-c.i –c.iii.*

i. Types of Facilities Subject to §1616(e). Complete the following table for *each type* of facility subject to §1616(e) of the Act:

Type of Facility	Waiver Service(s) Provided in Facility	Facility Capacity Limit

ii. Larger Facilities: In the case of residential facilities subject to §1616(e) that serve four or more individuals unrelated to the proprietor, describe how a home and community character is maintained in these settings.

iii. Scope of Facility Standards. For this facility type, please specify whether the State’s standards address the following (*check each that applies*):

Standard	Topic Addressed
Admission policies	<input type="checkbox"/>
Physical environment	<input type="checkbox"/>
Sanitation	<input type="checkbox"/>
Safety	<input type="checkbox"/>
Staff : resident ratios	<input type="checkbox"/>
Staff training and qualifications	<input type="checkbox"/>
Staff supervision	<input type="checkbox"/>
Resident rights	<input type="checkbox"/>
Medication administration	<input type="checkbox"/>
Use of restrictive interventions	<input type="checkbox"/>
Incident reporting	<input type="checkbox"/>
Provision of or arrangement for necessary health services	<input type="checkbox"/>

When facility standards do not address one or more of the topics listed, explain why the standard is not included or is not relevant to the facility type or population. Explain how the health and welfare of participants is assured in the standard area(s) not addressed:

State:	
Effective Date	

d. Provision of Personal Care or Similar Services by Legally Responsible Individuals. A legally responsible individual is any person who has a duty under State law to care for another person and typically includes: (a) the parent (biological or adoptive) of a minor child or the guardian of a minor child who must provide care to the child or (b) a spouse of a waiver participant. Except at the option of the State and under extraordinary circumstances specified by the State, payment may not be made to a legally responsible individual for the provision of personal care or similar services that the legally responsible individual would ordinarily perform or be responsible to perform on behalf of a waiver participant. *Select one:*

<input type="radio"/>	No. The State does not make payment to legally responsible individuals for furnishing personal care or similar services.
<input checked="" type="radio"/>	<p>Yes. The State makes payment to legally responsible individuals for furnishing personal care or similar services when they are qualified to provide the services. Specify: (a) the legally responsible individuals who may be paid to furnish such services and the services they may provide; (b) State policies that specify the circumstances when payment may be authorized for the provision of <i>extraordinary care</i> by a legally responsible individual and how the State ensures that the provision of services by a legally responsible individual is in the best interest of the participant; and, (c) the controls that are employed to ensure that payments are made only for services rendered. <i>Also, specify in Appendix C-3 the personal care or similar services for which payment may be made to legally responsible individuals under the State policies specified here.</i></p> <p>DEFINITIONS:</p> <p><i>Extraordinary Care</i></p> <p>Extraordinary care means care exceeding the range of activities that a legally responsible individual would ordinarily perform in the household on behalf of a person without a disability or chronic illness of the same age and which is necessary to ensure the health and welfare of the participant and avoid institutionalization.</p> <p><i>Legally Responsible Person</i></p> <p>A legally responsible person is defined as a person who has a legal obligation under the provisions of Maryland law to care for another person. Under Maryland law, this includes: (1) a parent (either natural or adoptive), legal guardian, or person otherwise legally responsible for the care of a minor (<i>e.g.</i>, foster parent or relative appointed by court).</p> <p><i>Spouse</i></p> <p>For purposes of this waiver, a spouse is defined as an individual legally married under applicable law to the participant.</p> <p><i>Relative</i></p> <p>For purposes of this waiver, a relative is defined as natural or adoptive parent, or sibling who is not also a legally responsible person.</p> <p><i>Legal Guardian</i></p>

State:	
Effective Date	

	<p>For purposes of this waiver, a legal guardian is defined as an individual or entity who has obtained a valid court order stating that the individual is the legal guardian of the person of the participant pursuant to Maryland Annotated Code’s Family Law or Estates & Trusts Articles.</p> <p>1. SERVICES THAT MAY BE PROVIDED BY LEGALLY RESPONSIBLE PERSONS</p> <p>The State makes payment to a legally responsible individual, who is appropriately qualified, for providing extraordinary care for the following services: Community Development Services or Personal Supports.</p> <p><u>A legally responsible person may not be paid to provide these Waiver program services if it does not constitute extraordinary care as defined above.</u></p> <p>2. <u>CIRCUMSTANCES WHEN PAYMENT MAY BE MADE</u></p> <p>Participant enrolled in the Self-Directed Services Delivery Model (as provided in Appendix E) or Traditional Service Delivery Model may use their legally responsible person to provide services in the following circumstances, as documented in the participant’s Person-Centered Plan (PCP):</p> <ol style="list-style-type: none"> 1. The proposed provider is the choice of the participant, which is supported by the team; 2. There is a lack of qualified providers to meet the participants needs; 3. When a relative or spouse is not also serving as the participant’s Support Broker or designated representative directing services on behalf of the participant; 4. The legally responsible person provides no more than 40-hours per week of the service that the DDA approves the legally responsible person to provide; and 5. The legally responsible person has the unique ability to meet the needs of the participant (e.g. has special skills or training, like nursing license). <p>As provided in subsection 3 above, when a legally responsible person, legal guardian, or relative is the Support Broker or designated representative who exercises decision making authority for the participant, then other legal guardians and relatives are not allowed to provide direct care services.</p> <p><u>(c) SAFEGUARDS</u></p> <p>To ensure the use of a legally responsible person to provide services is in the best interest of the participant, the following criteria must be met and documented in the participant’s Person-Centered Plan (PCP) by the CCS:</p> <ol style="list-style-type: none"> 1. Choice of the legally responsible person as the provider truly reflects the participant's wishes and desires; 2. The provision of services by the legally responsible person is in the best interests of the participant and his or her family; 3. The provision of services by the legally responsible person is appropriate and based on the participant’s identified support needs; 4. The services provided by the legally responsible person will increase the participant's independence and community integration; 5. There are documented steps in the PCP that will be taken to expand the participant's circle of support so that he or she is able to maintain and improve his or her health, safety,
--	---

State:	
Effective Date	

	<p>independence, and level of community integration on an ongoing basis should the legally responsible person acting in the capacity of employee be no longer be available;</p> <p>6. <u>A written agreement that identifies people, beyond family members, who will support the participant in making his or her own decision, is completed</u>A Supportive Decision Making (SDM) agreement is established that identifies the people (beyond the legally responsible person, relatives, spouse, and legal guardian) who will support the participant in making her or his own decisions; and</p> <p>7. The legally responsible person must sign a service agreement to provide assurances to DDA that he or she will implement the PCP and provide the services in accordance with applicable federal and State laws and regulations governing the program.</p> <p><u>(d) STATE’S OVERSIGHT PROCEDURES</u></p> <p>The DDA will conduct a randomly selected, statistically valid sample of services provided by legally responsible persons to ensure payment is made only for services rendered and the services rendered are in the best interest of the participant.</p>
--	---

Self-directed

Agency-operated

e. **Other State Policies Concerning Payment for Waiver Services Furnished by Relatives/Legal Guardians.** Specify State policies concerning making payment to relatives/legal guardians for the provision of waiver services over and above the policies addressed in Item C-2-d. *Select one:*

<input type="radio"/>	The State does not make payment to relatives/legal guardians for furnishing waiver services.
<input checked="" type="radio"/>	<p>The State makes payment to relatives/legal guardians under <i>specific circumstances</i> and only when the relative/guardian is qualified to furnish services. Specify the specific circumstances under which payment is made, the types of relatives/legal guardians to whom payment may be made, and the services for which payment may be made. Specify the controls that are employed to ensure that payments are made only for services rendered. <i>Also, specify in Appendix C-1/C-3 each waiver service for which payment may be made to relatives/legal guardians.</i></p> <p><u>Definitions</u></p> <p><i>Relative</i></p> <p>For purposes of this waiver, a relative is defined as a natural or adopted parent, step parent, or sibling who is not also a legal guarding or legally responsible person.</p> <p><i>Legal Guardian</i></p> <p>For purposes of this waiver, a legal guardian is defined as an individual or entity who has obtained a valid court order stating that the individual is the legal guardian of the person of the participant pursuant to Maryland Annotated Code’s Family Law or Estates & Trusts Articles.</p>

State:	
Effective Date	

	<p><i>Spouse</i></p> <p>For purposes of this waiver, a spouse is defined as an individual legally married under applicable law to the participant.</p> <p><i>Legally Responsible Person</i></p> <p>A legally responsible person is defined as a person who has a legal obligation under the provisions of Maryland law to care for another person. Under Maryland law, this includes: (1) a parent (either natural or adoptive), legal guardian, or person otherwise legally responsible for the care of a minor (e.g., foster parent or relative appointed by court).</p> <p><u>Circumstances When Payment May be Made</u></p> <p>A participant enrolled in the Self-Directed Services Delivery Model (as provided in Appendix E) may use a legal guardian (<i>who is not a spouse</i>), who is appropriately qualified, to provide Personal Supports and Nurse Case Management and Delegation Services,.</p> <p>A participant enrolled in the Self-Directed Services Delivery Model (as provided in Appendix E) or Traditional Services Delivery Model may use a relative (who is not a spouse or legally responsible individual) who is appropriately qualified, to provide Personal Supports, Transportation, Support Broker, Nurse Case Management and Delegation Services or Respite Care Services.</p> <p>The legal guardian or relative (who is not a spouse) may provide these services in the following circumstances, as documented in the participant’s Person-Centered Plan (PCP):</p> <ol style="list-style-type: none"> 1. The proposed individual is the choice of the participant, which is supported by the team; 2. Lack of qualified provider to meet the participant’s needs; 3. When another legally responsible person, legal guardian, or relative is not also serving as the participant’s Support Broker or designated representative directing services on behalf of the participant; 4. The legal guardian or relative provides no more than 40- hours per week of the service that that the DDA approves the legally responsible person to provide; and 5. The legal guardian or relative has the unique ability of relative to meet the needs of the participant (e.g. has special skills or training like nursing license) <p>As provided in subsection 3 above, when a legally responsible person, legal guardian, or relative is the Support Broker or designated representative who exercises decision making authority for the participant, then other legal guardians and relatives are not allowed to provide services noted above.</p> <p><u>Services for Which Payment May be Made</u></p> <p>As specified in Appendix C-1/C-3 and this Appendix C-2-e, a legal guardian may be paid to furnish Personal Supports Services and Nurse Case Management and Delegation Services.</p>
--	---

State:	
Effective Date	

	<p>As specified in Appendix C-1/C-3 and this Appendix C-2-e, a relative may be paid to furnish the following services: (1) Personal Supports; (2) Respite Care; (3) Transportation; (4) Nurse Case Management and Delegation Services; and (5) Support Broker.</p> <p><u>Safeguards</u></p> <p>To ensure the use of a legal guardian or relative (<i>who is not a spouse</i>) to provide services is in the best interest of the participant, the following criteria must be documented in the participant’s Person-Centered Plan (PCP):</p> <ol style="list-style-type: none"> 1. Choice of the legal guardian or relative as the provider truly reflects the participant's wishes and desires; 2. The provision of services by the legal guardian or relative is in the best interests of the participant and his or her family; 3. The provision of services by the legal guardian or relative is appropriate and based on the participant’s identified support needs; 4. The services provided by the legal guardian or relative will increase the participant's independence and community integration; 5. There are documented steps in the PCP that will be taken to expand the participant's circle of support so that he or she is able to maintain and improve his or her health, safety, independence, and level of community integration on an ongoing basis should the legal guardian or relative acting in the capacity of employee be no longer be available; and 6. 6. A written agreement that identifies people, beyond family members, who will support the participant in making his or her own decision, is completed. <u>A Supportive Decision Making (SDM) agreement is established that identifies the people (beyond family members) who will support the participant in making her or his own decisions.</u> 7. The legal guardian or relative must sign a service agreement to provide assurances to DDA that they will implement the PCP and provide the services in accordance with applicable federal and State laws and regulations governing the program. <p><u>State’s Oversight Procedures</u></p> <p>Annually, the DDA will conduct a random selected statistically valid sample of services provided by legal guardians and relatives to ensure payment is made only for services rendered and the services rendered are in the best interest of the participant.</p>
<input type="radio"/>	<p>Relatives/legal guardians may be paid for providing waiver services whenever the relative/legal guardian is qualified to provide services as specified in Appendix C-1/C-3. Specify the controls that are employed to ensure that payments are made only for services rendered.</p>
<input type="radio"/>	<p>Other policy. <i>Specify:</i></p>

f. Open Enrollment of Providers. Specify the processes that are employed to assure that all willing and qualified providers have the opportunity to enroll as waiver service providers as provided in 42 CFR §431.51:

State:	
Effective Date	

The DDA is working with provider associations, current Community Pathways Waiver service providers, and family support service providers to share information about new opportunities to deliver services to waiver participants.

On October 3, 2017, the DDA posted on its website an invitation for interested applicants to make application to render supports and services under DDA Waivers.

Information posted includes:

1. The DDA Policy - Application and Approval Processes for Qualified Supports/Services Providers in DDA’s Waivers. This policy a) Describes specific requirements for completion and submission of initial and renewal applications for prospective providers seeking DDA approval to render supports, services and/or goods under DDA's Waivers, b) Provides definition and eligibility requirements for qualified service professionals regarding each support or service rendered under each support waiver, and c) Delineates actions taken by the DDA following receipt of an applicant’s information and provides timelines for review and approval or disapproval of an application. Once an applicant submits their application, the policy requires that upon receipt of an application, the applicable DDA rater review it within 30 days and an approval or disapproval letter is sent.
2. Eligibility Requirements for Qualified Supports and Services Providers - A document that describes each support and/or service and the specific eligibility criteria required to render the support/service which is an attachment for the policy.
3. Instructions for Completing the Provider Application - Interested applicants may download or request a hard copy from the DDA Regional Office the following:
 - a) DDA Application to Render Supports and Services in DDA’s Waivers;
 - b) DDA Application to Provide Behavioral Supports and Services; and
 - c) Provider Agreement to Conditions of Participation - A document that lists regulatory protection and health requirements, and other policy requirements that prospective providers must agree and comply with to be approved by the DDA as a qualified service provider in the supports waivers;
4. Provider Checklist Form – A checklist form which applicants must use to ensure that they have included all required information in their applications; and
5. Frequently Anticipated Questions (FAQs) and Answers - A document which provides quick access to general applicant information.

Interested community agencies and other providers can submit the DDA application and required attachments at any time. For services that require a DDA license, applicants that meet requirements are then referred to the Office of Health Care Quality to obtain the license.

Quality Improvement: Qualified Providers

As a distinct component of the State’s quality improvement strategy, provide information in the following fields to detail the State’s methods for discovery and remediation.

a. Methods for Discovery: Qualified Providers

The state demonstrates that it has designed and implemented an adequate system for assuring that all waiver services are provided by qualified providers.

State:	
Effective Date	

i. Sub-Assurances:

a. Sub-Assurance: The State verifies that providers initially and continually meet required licensure and/or certification standards and adhere to other standards prior to their furnishing waiver services.

i. Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator.

Performance Measure:	<i>QP-PM1 Number and percent of newly enrolled waiver providers who meet required licensure, regulatory and applicable waiver standards prior to service provision. Numerator = number of newly enrolled waiver providers who meet required licensure, regulatory and applicable waiver standards prior to service provision. Denominator = number of newly enrolled Family Support Waiver enrolled licensed providers reviewed.</i>		
Data Source (Select one) (Several options are listed in the on-line application): Other			
If 'Other' is selected, specify: OHCQ Record Review			
	Responsible Party for data collection/generation (check each that applies)	Frequency of data collection/generation: (check each that applies)	Sampling Approach (check each that applies)
	<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
	<input checked="" type="checkbox"/> Operating Agency	<input checked="" type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
	<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> Representative Sample; Confidence Interval =
	<input checked="" type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually	95% +/-5%
	OHCQ New Applicant Tracking Sheet	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:
		<input type="checkbox"/> Other Specify:	
			<input type="checkbox"/> Other Specify:

Data Aggregation and Analysis

Responsible Party for data aggregation and analysis (check each that applies)	Frequency of data aggregation and analysis: (check each that applies)
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly

State:	
Effective Date	

<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

Performance Measure:	<i>QP-PM2 Number and percent of providers who continue to meet required licensure and initial QP standards. Numerator = number of providers who continue to meet required licensure and initial QP standards. Denominator= Total number of enrolled Family Support Waiver enrolled licensed providers reviewed.</i>		
Data Source (Select one) (Several options are listed in the on-line application): Other			
If 'Other' is selected, specify: OHCQ Record Review			
	Responsible Party for data collection/generation (check each that applies)	Frequency of data collection/generation: (check each that applies)	Sampling Approach (check each that applies)
	<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
	<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
	<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> Representative Sample; Confidence Interval =
	<input checked="" type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually	95% +/-5%
	OHCQ License renewal application tracking sheet	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:
		<input type="checkbox"/> Other Specify:	
			<input type="checkbox"/> Other Specify:

Data Aggregation and Analysis

Responsible Party for data aggregation and analysis (check each that applies)	Frequency of data aggregation and analysis: (check each that applies)
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly
<input type="checkbox"/> Other	<input type="checkbox"/> Annually

State:	
Effective Date	

Specify:	
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

b Sub-Assurance: The State monitors non-licensed/non-certified providers to assure adherence to waiver requirements.

i. Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator.

Performance Measure:	<i>QP-PM3 Number and percent of newly enrolled certified waiver providers who meet regulatory and applicable waiver standards prior to service provision. Numerator = number of newly enrolled ncertified waiver providers who meet regulatory and applicable waiver standards prior to service provision. Denominator = number of newly enrolled certified waiver providers reviewed.</i>		
Data Source (Select one) (Several options are listed in the on-line application): Other			
If 'Other' is selected, specify: Provider Application Packet			
	Responsible Party for data collection/generation (check each that applies)	Frequency of data collection/generation: (check each that applies)	Sampling Approach (check each that applies)
	<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
	<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
	<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> Representative Sample; Confidence Interval =95
	<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually	95% +/-5%
		<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:
		<input type="checkbox"/> Other Specify:	
			<input type="checkbox"/> Other Specify:

Performance Measure:	<i>QP-PM4 Number and percent of certified waiver providers that continue to meet regulatory and applicable waiver standards. Numerator = number of certified waiver providers that continue to meet regulatory and applicable waiver standards. Denominator= number of enrolled certified waiver providers reviewed.</i>		
Data Source (Select one) (Several options are listed in the on-line application): Other			

State:	
Effective Date	

If 'Other' is selected, specify: Provider Renewal Application Packet

	Responsible Party for data collection/generation <i>(check each that applies)</i>	Frequency of data collection/generation: <i>(check each that applies)</i>	Sampling Approach <i>(check each that applies)</i>
	<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
	<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
	<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> Representative Sample; Confidence Interval =95
	<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually	95% +/-5%
		<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:
		<input type="checkbox"/> Other Specify:	
			<input type="checkbox"/> Other Specify:

Data Aggregation and Analysis

Responsible Party for data aggregation and analysis <i>(check each that applies)</i>	Frequency of data aggregation and analysis: <i>(check each that applies)</i>
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

Add another performance measure (button to prompt another performance measure)

c Sub-Assurance: The State implements its policies and procedures for verifying that provider training is conducted in accordance with state requirements and the approved waiver.

i. Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator.

Performance Measure:	<i>QP-PM5 Number and percent of enrolled licensed providers who meet training requirements in accordance with the approved waiver. Numerator = number of</i>
-----------------------------	--

State:	
Effective Date	

<p><i>enrolled licensed providers who meet training requirements in accordance with the approved waiver. Denominator = number of enrolled licensed providers reviewed.</i></p>			
<p>Data Source (Select one) (Several options are listed in the on-line application): <i>Other</i></p>			
<p>If 'Other' is selected, specify: <i>OHCQ Record Review</i></p>			
Responsible Party for data collection/generation (check each that applies)	Frequency of data collection/generation: (check each that applies)	Sampling Approach (check each that applies)	
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review	
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review	
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> Representative Sample; Confidence Interval = 95	
<input checked="" type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually	95% +/-5%	
OHCQ Renewal Application Data	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:	
	<input type="checkbox"/> Other Specify:		
		<input type="checkbox"/> Other Specify:	

<p>Performance Measure:</p>	<p><i>QP-PM6 Number and percent of non-licensed or non-certified waiver providers who meet training requirements in accordance with the approved waiver. Numerator = number of non-licensed or non-certified waiver providers who meet training requirements in accordance with the approved waiver. Denominator = number of enrolled non-licensed or non-certified waiver providers reviewed.</i></p>		
<p>Data Source (Select one) (Several options are listed in the on-line application): <i>Other</i></p>			
<p>If 'Other' is selected, specify: <i>Certified Provider Data</i></p>			
Responsible Party for data collection/generation (check each that applies)	Frequency of data collection/generation: (check each that applies)	Sampling Approach (check each that applies)	
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review	
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review	
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> Representative Sample; Confidence Interval = 95	
<input type="checkbox"/> Other	<input type="checkbox"/> Annually	95% +/-5%	

State:	
Effective Date	

	<i>Specify:</i>		
		<input type="checkbox"/> <i>Continuously and Ongoing</i>	<input type="checkbox"/> <i>Stratified: Describe Group:</i>
		<input type="checkbox"/> <i>Other Specify:</i>	
			<input type="checkbox"/> <i>Other Specify:</i>

Data Aggregation and Analysis

Responsible Party for data aggregation and analysis <i>(check each that applies)</i>	Frequency of data aggregation and analysis: <i>(check each that applies)</i>
<input type="checkbox"/> <i>State Medicaid Agency</i>	<input type="checkbox"/> <i>Weekly</i>
<input checked="" type="checkbox"/> <i>Operating Agency</i>	<input type="checkbox"/> <i>Monthly</i>
<input type="checkbox"/> <i>Sub-State Entity</i>	<input checked="" type="checkbox"/> <i>Quarterly</i>
<input type="checkbox"/> <i>Other Specify:</i>	<input type="checkbox"/> <i>Annually</i>
	<input type="checkbox"/> <i>Continuously and Ongoing</i>
	<input type="checkbox"/> <i>Other Specify:</i>

ii *If applicable, in the textbox below provide any necessary additional information on the strategies employed by the State to discover/identify problems/issues within the waiver program, including frequency and parties responsible.*

b. Methods for Remediation/Fixing Individual Problems

i *Describe the State’s method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction. In addition, provide information on the methods used by the State to document these items.*

Individuals self-directing their services may request assistance from the Advocacy Specialist or DDA Self-Direction lead staff. DDA staff will document encounters.

DDA’s Provider Relations staff provides technical assistance and support on an on-going basis to licensed and certified providers and will address specific remediation issues. Based on the identified issues, a variety of remediation strategies may be used including conference call, letter, in person meeting, and training. These remediation efforts will be documented in the provider’s file.

ii **Remediation Data Aggregation**

State:	
Effective Date	

Remediation-related Data Aggregation and Analysis (including trend identification)	Responsible Party (check each that applies)	Frequency of data aggregation and analysis: (check each that applies)
	<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
	<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
	<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly
	<input type="checkbox"/> Other: Specify:	<input type="checkbox"/> Annually
		<input type="checkbox"/> Continuously and Ongoing
		<input type="checkbox"/> Other: Specify:

c. Timelines

When the State does not have all elements of the Quality Improvement Strategy in place, provide timelines to design methods for discovery and remediation related to the assurance of Qualified Providers that are currently non-operational.

<input checked="" type="radio"/>	No
<input type="radio"/>	Yes Please provide a detailed strategy for assuring Qualified Providers, the specific timeline for implementing identified strategies, and the parties responsible for its operation.

Appendix C-4: Additional Limits on Amount of Waiver Services

Additional Limits on Amount of Waiver Services. Indicate whether the waiver employs any of the following additional limits on the amount of waiver services (check each that applies).

<input checked="" type="radio"/>	Not applicable – The State does not impose a limit on the amount of waiver services except as provided in Appendix C-3.
<input type="radio"/>	Applicable – The State imposes additional limits on the amount of waiver services.

When a limit is employed, specify: (a) the waiver services to which the limit applies; (b) the basis of the limit, including its basis in historical expenditure/utilization patterns and, as applicable, the processes and methodologies that are used to determine the amount of the limit to which a participant’s services are subject; (c) how the limit will be adjusted over the course of the waiver period; (d) provisions for adjusting or making exceptions to the limit based on participant health and welfare needs or other factors specified by the state; (e) the safeguards that are in effect when the amount of the limit is insufficient to meet a participant’s needs; and, (f) how participants are notified of the amount of the limit.

<input type="checkbox"/>	Limit(s) on Set(s) of Services. There is a limit on the maximum dollar amount of waiver services that is authorized for one or more sets of services offered under the waiver. <i>Furnish the information specified above.</i>

State:	
Effective Date	

<input type="checkbox"/>	<p>Prospective Individual Budget Amount. There is a limit on the maximum dollar amount of waiver services authorized for each specific participant. <i>Furnish the information specified above.</i></p>
<input type="checkbox"/>	<p>Budget Limits by Level of Support. Based on an assessment process and/or other factors, participants are assigned to funding levels that are limits on the maximum dollar amount of waiver services. <i>Furnish the information specified above.</i></p>
<input type="checkbox"/>	<p>Other Type of Limit. The State employs another type of limit. <i>Describe the limit and furnish the information specified above.</i></p>

Proposed

State:	
Effective Date	

Appendix C-5: Home and Community-Based Settings

Explain how residential and non-residential settings in this waiver comply with federal HCB Settings requirements at 42 CFR 441.301(c)(4)-(5) and associated CMS guidance. Include:

1. Description of the settings and how they meet federal HCB Settings requirements, at the time of submission and in the future.
2. Description of the means by which the state Medicaid agency ascertains that all waiver settings meet federal HCB Setting requirements, at the time of this submission and ongoing.

Note instructions at Module 1, Attachment #2, [HCB Settings Waiver Transition Plan](#) for description of settings that do not meet requirements at the time of submission. Do not duplicate that information here.

The Family Supports Waiver services include various support services. New services including Housing Supports Services has been added to support community integration, engagement, and independence. The State incorporated the federal home and community-based setting requirements into the Annotated Code of Maryland Regulations (COMAR) 10.09.36.03-1 Conditions for Participation — Home and Community-Based Settings which notes, “Effective January 1, 2018, to be enrolled as a provider of services authorized under §§1915(c) or 1915(i) of the Social Security Act, the provider shall comply with the provisions of §§D—F of this regulation and 42 CFR 441.301(c)(4).” and includes specific provider requirements. (Reference: <http://www.dsd.state.md.us/comar/comarhtml/10/10.09.36.03-1.htm>)

The Family Supports Waiver definitions have been written to comply with the HCB Settings requirements. Waiver services are provided in the individual’s own home or the community which is available for the public to use and visit and therefore presumed to meet the HCB Settings requirement.

The only exception is Respite Care Services that can be provided in the child’s home, a community setting, a Youth Camp certified by DHMH, or a site licensed by the Developmental Disabilities Administration.

There are no residential or day habilitation services provided.

All new providers must comply with the HCB settings requirement prior to enrollment as a new waiver service provider and ongoing. As part of the application process to become a Medicaid provider under the Community Supports Waiver, the DDA will review and assess for compliance with specific staff, service, and license requirements. Prior to final approval and Medicaid provider enrollment, the DDA will conduct site visits for site based services to confirm compliance with the HCB settings requirements.

As per Annotated Code of Maryland Regulations (COMAR) 10.09.36.03-1 Conditions for Participation — Home and Community-Based Settings, any modification of the rights or conditions under §§D and E of this regulation shall be supported by a specific assessed need and justified in the person-centered services plan in accordance with 42 CFR 441.301(c)(2)(xiii).

Ongoing assessment is part of the annual person-centered service planning and provider performance reviews. Coordinators of Community Services assess participants' service setting for compliance with HCBS settings requirements. DDA staff assess provider performance and ongoing compliance.

State:	
Effective Date	